This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

LANE MEDICAL LIBRARY STANFORD
2 45 0422 3271

MAY 1 8 1958

LANE

MEDICAL LIBRARY

Gift
WITHDRAWN (CStL)

THERAPEUTIC SUGGESTION

IN

PSYCHOPATHIA SEXUALIS

(PATHOLOGICAL MANIFESTATIONS OF THE SEXUAL SENSE),

WITH ESPECIAL REFERENCE TO

CONTRARY SEXUAL INSTINCT.

BY

Dr. A. von SCHRENCK-NOTZING,

PRACTICING PHYSICIAN IN MUNICH.

Authorized Translation from the German,

BY

CHARLES GILBERT CHADDOCK, M.D.,

PROFESSOR OF DISEASES OF THE NERVOUS SYSTEM, MARION-SIMS COLLEGE OF MEDICINE; MEMBER OF THE AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION; MEMBER OF THE ST. LOUIS MEDICAL SOCIETY; ATTENDING NEUROLOGIST TO THE REBEKAH HOSPITAL; FELLOW OF THE CHICAGO ACADEMY OF MEDICINE; CORRESPONDING MEMBER OF THE DETROIT ACADEMY OF MEDICINE, ETC.

PHILADELPHIA, NEW YORK, CHICAGO

F. A. DAVIS COMPANY, PUBLISHERS

1901

COPYRIGHT, 1895,

BY

THE F. A. DAVIS COMPANY.

[Registered at Stationers' Hall, London, England.]

Philadelphia, Pa., U. S. A.
The Medical Bulletin Printing-House,
1916 Cherry Street.

DEDICATED

TO

DR. AUGUST FOREL,

PROFESSOR OF PSYCHIATRY IN THE UNIVERSITY OF ZURICH AND DIRECTOR OF THE ASYLUM FOR THE INSANE AT BURGHÖLZLI.

IN

RESPECT AND GRATITUDE,

BY

THE AUTHOR.

PREFACE.

THIS work owes its existence to observations of the effects of therapeutic suggestion upon individuals subject to contrary sexuality. The favorable results obtained in "congenital" urnings by psychical treatment in the hypnotic state placed before me the alternative either to assume that suggestion is capable of influencing congenital abnormalities of the mind or to prove that in the idea of homo-sexuality at present prevalent the hereditary factor is overestimated, to the disadvantage of educational influences. Thus it became necessary to examine more carefully the etiology and pathogenesis of the perverse tendencies of the sexual life. Onanism and functional (psychical or relative) impotence, as constant accompaniments of sexual perversions, likewise demanded more thorough study; and in this work, in separate sections, they are considered both pathologically and therapeutically, as far as is necessary for an understanding of paræsthesia sexualis.

But the phenomena of sexual anæsthesia and uranism in the female sex could be given but brief consideration,—first, because in medical practice and social life they have attained nothing like the importance of male homo-sexuality; and, secondly, because, owing to the infrequency of these anomalies, I have had no opportunity for personal observation of them.

Thus, the title of the book, strictly speaking, does not correspond exactly with its contents; for it emphasizes only the therapeutic aspect, and should really be: "*Pathological and Suggestive Therapeutic Studies of the Abnormal Manifestations of the Sexual Instinct.*" But the title used was chosen for the sake of brevity, and to indicate that the studies of the pathological side of the subject became essential only from a therapeutic stand-point; in other words, that, to a certain extent, they are the foundation for a correct comprehension of the therapeutics of the subject.

Among the most important tasks confronting neuro-

pathology, and one offering richest returns, is undoubtedly the establishment of precise indications for the employment of psychical therapeutics; to which Wilhelm Erb, with clearness of view, has lately called attention, both with reference to psychical treatment in the waking state, as well as to hypnotic suggestion.[1] Though, in spite of the obstinate opposition and continued indifference of prominent clinicians, all the greater series of experiments of late years agree in demonstrating that with necessary precautions hypnotic suggestion, used for remedial purposes, after the methods of "Liébeault, Bernheim, and Forel," is an effective and harmless therapeutic agent;[2] and though thus the question concerning the justification of hypnotic suggestion and its admission among the available means of our therapeutic armamentarium may at last be regarded as settled, yet the exact determination of the sphere of therapeutic operation of hypnotic suggestion may be regarded as the second important part of the problem to be solved. Experimentation in the most heterogeneous domains of disease—external and internal, organic and functional—has now to establish a place for systematic application of suggestion in functional disturbances of certain kinds, by the side of other remedial measures, with exact valuation and comparison.

[1] Wilhelm Erb, "Die nächten Aufgaben der Nervenpathologie," Deutsche Zeitschrift für Nervenheilkunde, Vogel, Leipzig, 1891, p. 3.

[2] (*a*) Comp. Ringier: Erfolge des therapeutischen Hypnotismus in der Landpraxis (Lehmann, München, 1891). The author reviews 210 cases in his practice, which fulfill all requirements with reference to details of description, numerical grouping, continuance of observation after discharge, etc. He has never seen hypnosis have an injurious influence.

(*b*) Van Renterghem and von Eeden: Comte rendu des résultats obtenus pendant la première période bisannuelle, 1887–1889 (Brussels, Manceaux). The authors, whose clinic I visited in 1891, likewise testify to the innocuousness of therapeutic hypnosis, and were able to add nearly 1000 cases to the 414 cases of the article cited, which had since been studied.

(*c*) Wetterstrand, according to his work, "Der Hypnotismus und Seine Anwendung in der praktischen Medicin" (Urban und Schwarzenberg, Leipzig and Vienna), in the course of the last few years, has subjected 3200 persons to hypnotic procedures, and induced hypnosis some 60,000 times, without observing any injurious results.

(*d*) Von Corval ("Suggestivetherapie," Realencyclopädie der gesammten Heilkunde, von Eulenburg, Encyclopäd. Jahrbücher, Bd. i, Urban and Schwarzenberg) gives a complete review of this branch of therapeutics, and, from his own as well as from the experience of others in general, comes to the conclusion that hypnosis, correctly employed, is unaccompanied by any danger.

If, as Erb justly remarks, this limitation to certain fields dispels many illusions; still, the results of such investigations are incomparably more valuable to science than the generalization which looks upon suggestion as a "panacea." Thus it will be necessary next to arrange the suggestive-therapeutic material after the manner as yet used but by two observers, Van Renterghem and Ringier (compare foot-note), which is followed in this work.

The duration of the effects of suggestive treatment seems of great importance. Like Ringier, the author gave especial

(*e*) Minde, in his learned work, "Ueber Hypnotismus" (Diepolder, München, 1891), which is supplied with many important proofs taken from literature (p. 62), speaks of the "dangers" of inducing hypnosis. According to him, these result from light-minded play, thoughtless experimentation, and the desire to satisfy curiosity and vanity by public exhibitions for amusement, and they are usually to be ascribed to dilettantic awkwardness or incorrect methods, or to auto-suggestion in the subjects. Minde also thinks (p. 66) these dangers may all be avoided with proper care.

(*f*) Prof. von Krafft-Ebing expresses his views on this point in his last article on hypnotism ("Zur Verwerthung der Suggestionstherapie in Psychosen und Neurosen," Wiener klin. Wochenschrift, 1891, No. 43), in the following words: "Treatment by hypnotic suggestion, according to my experience, I must state, is innocuous when it is scientifically employed with due reference to the circumstances of the individual case."

(*g*) Preyer (Hypnotismus, "Vorlesungen," Urban and Schwarzenberg, Leipzig and Vienna, 1890, p. 146) also warmly commends the employment of hypnotic suggestion, and thinks that "it can have an injurious effect only when unskillfully used."

(*h*) Liébeault, who during thirty years has hypnotized 10,000 persons (some of them more than 100 times), ascribes his early "petits malheurs" to incorrect procedure; and with proper precaution he has never observed untoward effects to follow hypnosis. Comp. Revue de l'hypnot., i, p. 105 *et seq.*

(*i*) Professor Bernheim, from his observations on several thousand patients, has lately expressed himself as follows: "*Suggestion often cures; when it does not cure, it ameliorates; and if it does not benefit, it is still harmless.*" Comp. Hypnotisme, Suggestion, Psychotherapie, Doin, Paris, 1891, p. 18.

(*k*) Grossmann used hypnosis in 30 cases of influenza, and found the legend of its dangers unconfirmed; on the contrary, he characterizes suggestion as a powerful means of cure. Comp. Grossmann, Die Enfolge der Suggestionstherapie bei Influenza, Brieger, Berlin, 1892, p. 2.

(*l*) Professor Hirt (Breslau), from August, 1889, to the middle of April, 1890, made hypnotic experiments for therapeutic purposes on 598 persons. More than 4000 sittings have proved to him that hypnosis is never accompanied by *harmful effects*, even when frequently induced in the same individual. On the other hand, Hirt is greatly opposed to allowing the laity and unqualified persons to practice it; and he warns against premature and erroneous judgments of it, which are only too willingly credited by those unqualified to form an opinion. Comp. Wiener med. Wochenschrift, 1890, Nos. 27 and 30.

(*m*) The evidence mentioned is augmented by the wide experiences of Forel, Moll, and numerous other experimenters, all of which leads to the conclusion that, with proper individualization of hypnotism for therapeutic purposes, it is devoid of any disadvantages.

Observations of the author on more than 300 persons, of whom many were hypnotized more than 100 times and some 200 or 300 times, also speak in favor of the harmlessness of therapeutic suggestion.

attention to the duration of the suggestive-therapeutic results after cessation of treatment. Many of the patients were very soon beyond observation, and therefore, with the best of will, it was impossible to obtain late reports of all of them. Nevertheless, it has been possible for the author, as it has been for Prof. von Krafft-Ebing, to continue to observe many patients for several years after cessation of treatment. In one of the author's cases the time of observation after discharge was two years and seven months, and in several other cases about one year and eight months. Thus the tables here are made to indicate cases of "recovery with later reports," and cases of "recovery without later reports."

Where possible, for the sake of objectivity, I have allowed patients to speak for themselves, and give their letters *verbatim*. The custom, which is certainly justified, of believing in the reality of disease in many cases only when a pathologico-anatomical substratum is appreciable and demonstrable to our senses, even with but slight functional disturbance, has led many physicians to regard, in a one-sided manner, states of subjective disturbance without such substratum in many patients; and to distrust their testimony concerning subjective symptoms, as well as their statements concerning favorable changes in such symptoms. Self-deception in the patient, unconscious auto-suggestion on the part of the physician, exaggeration of the results on both sides, and many similar phrases are not infrequently heard instead of well-founded objections. In reply to this it may be stated: The reader may form his own judgment of the conscientiousness and objectivity of the descriptions, from the histories of the cases. On this point I fear that by pedantic communication of details which, perhaps, are interesting only in a negative way, I have made great demand upon the patience of my readers; but I hope that my effort to describe actual facts as exactly as possible will at least receive recognition. As for the second objection, an opponent using such an argument would also be driven to deny the existence of pain, for which we have no appreciable objective substratum. But what other evidences of pain [illegible]ere than the statements and gestures of

the patient, which also hold for the majority of disturbances of the sensory sphere, for psychoses, etc.? And though a commendable attempt has lately been made to establish objective signs in certain cases of neurasthenia, still, in his work, Löwenfeld[1] designates neurasthenia as that affection for which the very absence of objective symptoms is characteristic. The untenableness of such objections as those mentioned is so evident that more extended discussion of them would be superfluous.

It may be questioned whether it is justifiable to discuss the anomalies of the sexual instinct apart, instead of treating of them in their proper place in psychiatry. As a rule, they are certainly only symptoms of a constitutional malady or of a weakened state of the brain, which present themselves in the various forms of sexual perversion.

Moreover, attention has been directed to the baneful influence possibly exerted by such publications as "Psychopathia Sexualis." To be sure, the appearance of seven editions of the book could not be accounted for, were its circulation confined to scientific circles. Therefore, it is not to be denied that a pornographic interest on the part of the public is accountable for a part of its wide circulation. But, in spite of this disadvantage, the injury done by implanting knowledge of sexual pathology in unqualified individuals is not to be compared with the good accomplished. History shows that uranism was very wide-spread long before the appearance of "Psychopathia Sexualis." The courts have constantly to deal with sexual crimes, in which the responsibility of the accused comes in question. For the physician himself, the sexual anomalies, treated as they are in text-books on psychiatry in a distant manner, are in greater part a *terra incognita*. Exact knowledge of the causes and conditions of development of sexual aberrations, and of the influence on them of hereditary constitution, education, the impressions of every-day life, and our modern, refined civilization, is the pre-requisite for a rational prophylaxis of sexual aberrations and a correct sexual education. Without careful study of the circumstances which attend the

[1] Löwenfeld: Die objectiven Zeichen der Neurasthenie, Lehmann, München, 1892.

development of sexual anomalies, we should never be in a position to use effectual therapeutic means. The majority of these unfortunate patients—von Krafft-Ebing calls them Nature's step-children—are devoid of insight into their malady; like insane patients destitute of understanding of the ethical development of man, they are happy in their abnormal instinctive tendency. For this reason, in spite of the great prevalence of uranism, very few of its subjects seek medical treatment. While the terminal forms of abnormal sexuality end in asylums for the insane, the doubtful cases, in which incompleteness of development or apparent viciousness renders correct diagnosis difficult, make up the majority. But a thorough knowledge of the aberrations of the sexual instinct is absolutely indispensable to the jurist. The reasons given are thus sufficiently important to prove the need for a hand-book on "psychopathia sexualis."

But a thorough treatment of the subject seems even more important in the light of the theory of suggestion. Thanks to therapeutic nihilism, which, unfortunately, still finds numerous adherents among physicians, until now such patients have remained the life-long victims of their imperative feelings, and not infrequently have finally seen themselves placed before the alternatives of the prison or the asylum; to say nothing of a consciousness, ever more acutely felt with advancing years, of a useless existence,—at least, as far as the foundation of a family is concerned.

By means of suggestion, especially by its application in the hypnotic state, the possibility—this much may be said with certainty from the seventy cases detailed in this work—is demonstrated to us that aberrations of instinctive life from its proper channel may be corrected.

The manifestations mentioned may be regarded as imperative sensations and imperative ideas, which occur either as pure auto-suggestion or have their origin in organic conditions. The ideational stimuli, induced in the brain by suggestion from another, are in a measure imperative ideas *in statu nascendi*, which —assisted by the law of the ideomotor and ideodynamic reflex transference, with individually suitable and correct wording,

and, in case of necessity, with cumulative application in repeated sittings—gradually gain irresistible power over the patients, and thus finally assume auto-suggestive direction of their conduct. According to this we are able to remove by suggestion abnormal moods, affects, feelings, instincts, ideas, and even hallucinations and illusions. The suggestive influence, however, reaches its limits in inherited constitution or predisposition of the brain, having its root in organic conditions; and likewise in "phenomena having a *very deep* foundation in the psychical mechanism" (von Krafft-Ebing).

The proof offered by me in this book, that a much larger proportion of sexual aberrations than has heretofore been presumed is, in pathogenesis, to be referred to external conditions (accidental causes, education), opens to psycho-therapeutics a much wider field in this class of cases, with points of departure essentially much more favorable. In spite of the great difficulties which frequently enough attend the treatment of such patients, it will become a hopeful and productive task for the therapeutics of the future.

For the stimulus to the study of this subject, I am especially indebted to the well-known work of Prof. von Krafft-Ebing, which has been constantly by my side as a guide in these questions; and if in some points the results of my studies do not accord with those of my highly-honored teacher, my indebtedness is thus increased, since in the cases of his book I found the way indicated which has been followed in this work.

The humane purpose of this work with reference to therapeutics, as well as the effort to arrive at an unprejudiced explanation and truth, should be sufficient to overcome any scruples to which the sexual character of the subject might give rise. This circumstance made it especially obligatory for the author to carefully avoid anything like a popular style of expression, and to preserve as carefully as possible, in spirit and letter, the scientific character of the work.

When one considers the difficulties which suggestive therapeutics has still to encounter in the larger part of the public, and how few psycho-sexual cases apply to the physician,—not to

speak of their asking for treatment, especially hypnotic treatment,—then a series of seventy cases, therapeutically considered, forms a basis, in a measure, sufficient for the formation of a judgment concerning the prospect of cure of such patients, especially when the long duration and care of observation in a number of cases is also taken into account.

Of the 70 therapeutic observations detailed in this work, 22 have already appeared in various publications, journals, books, etc., viz.: Cases 9, 31, 32, 39, 40, 41, 42, 43, 44, 45, 46, 47. 50, 53, 54, 55, 56, 57, 58, 59, 60, 61.

Twenty-four cases have been placed at my disposal, in manuscript, for use in this work, by recognized specialists in the field of suggestive therapeutics, viz.: Cases 1, 2, 3, 4, 5, 6, 7, 8, 17, 19, 21, 22, 23. 24, 25, 26, 27, 28, 29, 30, 48, 49, 51, 52.

In addition, there are 24 cases of my own, of which but one has yet been published (in von Krafft-Ebing's "Psychopathia Sexualis,"), viz.: Cases 10, 11, 12, 13, 14, 15, 16, 18, 20, 33, 34, 35, 36, 37, 38, 62, 63, 64, 65, 66, 67, 68, 69, 70.

As a rule, the authors made use of the Bernheim-Liébeault methods of hypnosis, where nothing particular is stated on this point.

In order to estimate the depth of hypnosis, Liébeault has recommended its division into six degrees, Professor Bernheim into nine, and Professor Forel into three. The material of this work is arranged in accordance with the division into three degrees, and follows this *schema*:—

I. *Somnolence.*—The individual but slightly influenced, with the use of all his energy is still able to resist the suggestion and open his eyes. Consciousness intact.

II. *Hypotaxis.*—The individual is no longer able to resist suggestions. No amnesia.

III. *Somnambulism.*[1]—With the manifestations of the

[1] In order to give an idea of the susceptibility to hypnosis in general, I give here the numerical results of several authors for comparison with my own, under the foregoing classification. My results, up to November, 1890, among the people of Munich, were as follow:—

second degree there is also amnesia, or susceptibility to hallucination, or both.

Post-hypnotic phenomena occur with somnambulism, and even with the second degree.

Finally, it is my pleasant duty to acknowledge in this place my indebtedness to all those who, by their co-operation in any way, have assisted in the production of this book; especially to my honored guide and teacher in the domain of suggestive therapeutics, Dr. Forel, Professor of Psychiatry in Zürich, to whom the work is dedicated; and, further, to Dr. R. von Krafft-Ebing, Professor of Psychiatry and Neurology in Vienna, for his repeated encouragement and advice.

Besides those named, I have been assisted in the preparation of this work—by means of patients kindly sent to me, by unpublished histories of cases placed at my disposal, and by literary communications and advice—by the following gentle-

	Persons.		Per Cent.
Refractory,	29	=	12.08
Somnolence,	42	=	17.5
Hypotaxis,	100	=	41.67
Somnambulism,	69	=	28.75
	240		100.00

The results at Nancy (Liébeault), Amsterdam (Van Renterghem), and in Switzerland (Ringier), in comparison, are as follow:—

	Liébeault. 1011 Persons.	Liébeault. 753 Persons.	Van Renterghem. 178 Persons.	Ringier. 221 Persons.	Schrenck-Notzing. 240 Persons.
	Per Cent.	Per Cent.	Per Cent.	Per Cent.	Per Cent.
Refractory . . .	2.67	7.97	3.93	5.43	12.08
Somnolence . . .	3.26	10.09	5.06	7.24	17.50
Hypotaxis	78.04	63.21	79.77	52.49	41.67
Somnambulism .	16.02	18.73	11.24	34.84	28.75
	99.99	100.00	100.00	100.00	100.00

According to my preliminary summary, the susceptibility to hypnosis of 8705 persons, of various nationalities, is shown by the following figures:—

	Persons.		Per Cent.
Refractory,	519	=	6
Somnolence,	2557	=	29
Hypotaxis,	4316	=	49
Somnambulism,	1313	=	15
	8705		100

Advanced years, on the whole, diminish susceptibility, while the figures for earliest youth do not quite reach those for middle life.

men: Dr. Bernheim, Professor of Internal Medicine at Nancy; Dr. Stumpf, Professor of Philosophy (Munich); Dr. Gussman (Stuttgart); the *privat-docenten*, Dr. Kopp (Munich) and Dr. Max Dessoir (Berlin); Dr. Liébeault (Nancy); Dr. Wetterstrand (Stockholm); Dr. Van Renterghem (Amsterdam); Dr. Rosenberg (Carlsruhe); Dr. von Hösslin (Neuwittelsbach, near Munich); Max Offner (Munich); and Mr. X. X., urning.

I here express my thanks to them all for their friendly and helpful co-operation.

THE AUTHOR.

MUNICH, October, 1894.

TRANSLATOR'S PREFACE.

THE favorable reception given von Krafft-Ebing's "Psychopathia Sexualis" induced me to undertake an English version of the work by von Schrenck-Notzing. The views for which the latter contends so ably are in striking contrast with those held by von Krafft-Ebing, and, for that reason, this work deserves to be placed in English by the side of "Psychopathia Sexualis." The importance of the question treated in these works cannot be overestimated; for upon the decision concerning the influence of congenital and educational factors must rest the theory and art of human culture. In the study of these perversions a wide field is opened to view, disclosing possibilities which therapeutic nihilism looked upon as dreams.

As a contribution to the literature of suggestive therapeutics this work stands without a rival, in view of the duration of the observation of reported cures.

A growing experience in cases of sexual perversion but tends to confirm me in von Schrenck-Notzing's views, and I hope soon to make an original contribution to the literature of this subject.

The medico-legal question of responsibility in sexual perversions is one of great importance, and, as here clearly shown, is to be decided not by the fact of perversion, but by the psychical condition as a whole.

CHARLES GILBERT CHADDOCK, M.D.

ST. LOUIS, MO.,
December, 1894.

TABLE OF CONTENTS.

PAGE

PREFACE, ... iii–xiv

SECTION I.

SEXUAL HYPERÆSTHESIA, ... 1–77

CHAPTER I.

PATHOLOGY, ... 1–33

A. ONANISM, ... 2

Causes and predisposition, 3; forms, 7; onanism by means of tactile excitation, 7; through psychical stimuli, 9; through combination of both, 12; dangers and results of onanism, 15; diagnosis, 26; prognosis, 27.

B. SATYRIASIS AND NYMPHOMANIA, ... 28

Causes and symptoms, 29; diagnosis and prognosis, 33.

CHAPTER II.

THERAPEUTIC SUGGESTION IN THE TREATMENT OF ABNORMAL INTENSIFICATION OF SEXUAL DESIRE, ... 34–50

Sexual prophylaxis and education, 34; other methods of treatment, 42; psychical treatment in the waking state, 44; suggestive psychotherapy, 46.

CHAPTER III.

CASES ILLUSTRATING SUGGESTIVE TREATMENT OF SEXUAL HYPERÆSTHESIA, ... 51–77

Onanism through tactile stimuli, Cases 1 to 16, 51; onanism through psychical stimuli, Cases 17 and 18, 64; satyriasis and nymphomania, Cases 19 and 20, 68; tabular review, 73; conclusions, 74.

SECTION II.

SEXUAL IMPOTENCE AND ANÆSTHESIA, ... 78–116

CHAPTER IV.

PATHOLOGY, ... 78–91

Physiology, 78; causes and forms of impotence, 79; female impotence, 84; diagnosis, 90; prognosis, 90.

CHAPTER V.

PAGE

THE RÔLE OF SUGGESTIVE THERAPEUTICS IN THE TREATMENT OF FUNCTIONAL SEXUAL WEAKNESS, ... 92–98

Methods of treatment, 92; suggestion in the method of Brown-Séquard, 93; psycho-therapy, 94; waking suggestion and hypnotic treatment, 96.

CHAPTER VI.

CASES ILLUSTRATING SUGGESTIVE TREATMENT OF SOME FORMS OF IMPOTENCE, ... 99–116

Therapeutic results in psychical, functional, relative, and paralytic impotence, Cases 21 to 38, 99; tabular review, 114; conclusions, 113.

SECTION III.

SEXUAL PARÆSTHESIA, ... 117–305

CHAPTER VII.

THE FORMS OF SEXUAL PERVERSION WITH REFERENCE TO THE THEORY OF VON KRAFFT-EBING, ... 117–123

Definitions and classification, 117; inversion of sexual feeling, 118; perverse activity of the sexual instinct without reference to its object, 120.

CHAPTER VIII.

THE HISTORY OF THE DEVELOPMENT OF CONTRARY SEXUAL FEELING AMONG THE ANCIENTS, ... 123–144

Age and extent of sexual inversion, 123; historical conditions of development, 124; pederasty as a cause of homo-sexuality and castration, 126; eunuchism, 128; the historical origin of uranism in Europe, 130; Greek boy-love, 130; impure male-love in Greece, 135; θήλεια νοῦσος, 136; spontaneous origin and cultivation of the feminine type in the male, 137; views of some ancient writers concerning the pathicus, 139; conclusions, 142.

CHAPTER IX.

HEREDITY AND EDUCATION IN THEIR ETIOLOGICAL RELATIONS TO SEXUAL PERVERSIONS, ... 145–191

Importance of heredity, 145; hereditary predisposition in general, 146; predisposition and pathogenetic excitants, 147; heredity and exciting causes in insanity, 148; development of sexual instinct, 150; pathological determination of undifferentiated sexual feeling by external excitants, 151; hereditary lack of resistive power, and pathological association, 154; psycho-sexual diseases, moral insanity, and

weak-mindedness, 155; transitional cases and lessened responsibility, 157; sexual instinct in imbeciles, 158; original disposition in paræsthesia sexualis, and its proofs, 158; objections, 160; the etiological *rôle* of educational factors and imagination, 161; the exciting causes in histories of urnings and other sexual perverts, 167; conclusions, 190.

CHAPTER X.

DIAGNOSIS AND PROGNOSIS, ... 192–196

Remarks on perverse activity, original disposition, accessory causes, and neuropathic and psychopathic symptoms, 192; dependence of prognosis upon the causes of origin, 195.

CHAPTER XI.

PSYCHICAL AND SUGGESTIVE TREATMENT OF SEXUAL PERVERSION. 197–209

Consciousness of moral duty as a prophylactic, with remarks on education in morals, from the stand-point of the theory of suggestion, 197; other means for the prevention of sexual errors, 202; should urnings be treated? 203; marriage, 203; onanism and exciting causes, 204; psycho-therapeutics in cases of perverse instinct, 205; regulated sexual intercourse, 206; suggestive treatment in hypnosis, 208.

CHAPTER XII.

HISTORIES ILLUSTRATING SUGGESTIVE THERAPEUTICS IN PERVERSIONS OF THE SEXUAL INSTINCT, ... 210–305

Psycho-sexual hermaphroditism, Cases 39 to 45, 210; contrary sexual instinct, Cases 46 to 59, 217; algolagny, Cases 60 and 61, 230; contrary sexual instinct, Cases 62 to 67, 232; algolagny, Cases 68 to 70, 291; tabular review, 303; conclusions, 302.

APPENDIX, ... 307–319

I. SEXUAL HYPERÆSTHESIA.

CHAPTER I.

PATHOLOGY.

THE great importance of premature excitation of sexual feelings, with the masturbation usually accompanying it, in the production of psycho-sexual abnormalities, justifies an examination here of its causes and their nature. In his classification of the cerebrally conditioned sexual neuroses, von Krafft-Ebing correctly differentiates sexual instinct arising in childhood and sexual desire re-awakened in old age (paradoxia) from abnormal intensification of it (hyperæsthesia[1]). In a study of onanism from a therapeutic stand-point, based upon histories of patients, it is difficult to carry out this principle. According to von Krafft-Ebing, we have to do with actual paradoxia in a child only when sexual feelings and impulses occur as a result of *cerebral processes*, but not, by any means, in the numerous cases where peripheral causes (phimosis, balanitis, oxyuris, etc.) induce manipulation of the genitals. This etiological distinction cannot always be made in cases of onanism; and it cannot be denied that an original peripheral stimulus is capable of inducing the same symptoms of psycho-sexual abnormality as those resulting from a purely central cause, and, in a measure, may become the exciting cause of the premature appearance of sexual desire. On the contrary, in almost all cases an abnormally intense sexual desire is the result of masturbation in childhood; a desire which is scarcely ever satiated within the limits of that indulgence which is usually sufficient with relatively frequent repetition of intercourse.

The individual, at first suffering with "paradoxia," is soon affected with "hyperæsthesia of the sexual instinct." But, also

[1] Comp. von Krafft-Ebing, "Psychopathia Sexualis," Chaddock's translation (F. A. Davis Co., Phila., 1892), pp. 48, 51–55.

in so far as *onanism* in itself presumes an unconquerable impulse, and incapability to control it, it may be classified as hyperæsthesia sexualis.

In spite of full recognition of the theoretical and clinical importance of von Krafft-Ebing's classification, practical considerations in the main have induced me to unite the cases at my command under the title of "Sexual Hyperæsthesia," and, for the sake of clearness, to divide them into two classes:—

1. Onanism (auto-sexual indulgence).

2. Satyriasis and nymphomania (hetero-sexual indulgence).

Upon the opinions we entertain of the nature of these pathological conditions depend the therapeutic measures. Only an exact study of the various forms of manifestation in which *hyperæsthesia sexualis* may appear, as well as a correct appreciation of other methods of treatment, can make clear the indications for the application of therapeutic suggestion.

A. Onanism.

The most common method of abnormal satisfaction of sexual desire is onanism (derived from the word Onan; comp. Genesis, xxxvi, 9). By this term, in its widest sense, are understood all means used by either sex to induce the sexual orgasm outside of the conditions of normal sexual intercourse.[1]

According to this definition, even those acts which in nowise resemble coitus, but which are practiced by one person on another for the artificial induction of the sexual orgasm, are to be regarded as onanistic, no matter whether the persons be of the same or of opposite sex. Therefore, coitus in os, coitus inter mammæ, mutual masturbation, etc., may be designated as onanistic acts performed by means of the body of another person.

These perverse manifestations,—*i.e.*, those wanting the purpose of procreation,—when practiced inordinately or homosexually, are, as a rule, to be regarded as symptoms of forms of psycho-sexual disease which we shall consider in later chapters.

[1] Comp. Christian (Charenton), Extr. du Hist. encyclop. des scienc. médic.; and Centralb. für Nervenheilk., von Erlenmeyer, 1882.

In a narrower sense, we understand by onanism those acts which an individual carries out on himself in order to induce the sexual orgasm. Only this manner of sexual indulgence, which is the most common, will occupy us here.

Causes and Predisposition.—The occasion for handling the genitals frequently arises in connection with irritation of them in childhood (eczema, pruritus, phimosis with consequent accumulation of smegma). Besides this source of masturbation, which is, to a certain extent, involuntary, there are movements, made for other purposes, which may accidentally lead to masturbation,—for example, gymnastics, running sewing-machines,[1] etc., while wearing too close-fitting clothing. In such cases, therefore, the participation of the fancy in the lustful feeling is secondary and concomitant. In fact, excessive auto-masturbation may exist for years with perfect purity of the child's imagination; indeed, with complete ignorance of the sexual relations. In one of the cases treated by me onanism had been practiced for eight years, and the patient had never had any impure fancy in connection with it; she could not have had, owing to her absolute ignorance of the sexual relations. It seems to me that, in the numerous publications on this subject, the significance of this point has not received due consideration. And yet the associations which become connected with the onanistic act are of fundamental importance in the etiology and development of the special form of the resulting psycho-sexual abnormality.

More frequently than the accidental influences affecting the genitals that have been mentioned, seduction, bad example, etc., occasion the development of the vice, especially in schools, in boys' and girls' academies, and in prisons and houses of correction. Almost an invariable accompaniment of masturbation thus acquired is the implication of the imagination through pictures having a sexual and obscene content. Often, too, in the family itself the cause lies in nurses, servant-maids, and servants who, either for their own pleasure or to quiet the

[1] Comp. Fournier, De l'onanisme. 4th ed. Paris, 1885, p. 67.

crying children, manipulate their genitals.[1] It is also clear that certain subjects taught turn the attention of pupils to sexual matters, and thus give childish fancy an evil direction. It is only necessary to recall certain passages in Greek and Roman classics, and certain chapters in the Bible that are not to be misunderstood.

Gyurkovechky[2] is of the opinion that idleness of pupils during play-hours, spicy food, and exciting drinks, as well as early retiring and late rising, are to be regarded as predisposing causes of inordinate onanism. Even though it cannot be denied that any of these circumstances may give an onanist welcome opportunity to indulge excessively in his vice, it is difficult to understand how such influences could lead a pure child to masturbation. Indeed, in all cases it requires some other extraneous influence to lead the child to the first indulgence in the pernicious habit.

Too, even in individuals untainted hereditarily, continued onanistic irritation of the central nervous system is capable of inducing a neuropathic constitution, and, in consequence, numerous maladies. Moreover, continued or temporary abstinence from sexual intercourse, after the occurrence of sexual maturity, predisposes to the development of neurasthenia and sexual hyperexcitability, at least in many untainted individuals, who then resort to auto-masturbation *faute de mieux*. In the majority of cases which come for medical treatment, however, the individuals are of tainted heredity.

Lombroso[3] examined 11 onanists, and found: without physical anomalies, 3; with physical anomalies, 8; parents normal, 3; unknown, 1; abnormal, 7.

In cases of neuropathic predisposition onanism frequently becomes the exciting cause of the malady, while, according to von Krafft-Ebing's[4] experience, which is no less extensive, in untainted individuals the limits of an asthenic neuropsychosis

[1] Comp. Gyurkovechky, Path. und Therapie der Männl. Impotenz, Urban und Schwarzenberg. Wien, 1889, p. 106.

[2] *Loc. cit.*, p. 108.

[3] Lombroso, Der Verbrecher, Hamburg, 1887, p. 128.

[4] Von Krafft-Ebing, Psychiatrie, 3 aufl. Stuttgart, p. 208.

are scarcely ever passed as a result of onanistic excesses. To be sure, the addition of some other exciting cause may, on the basis of the acquired neuropathic condition, give rise to any form of insanity. But there are also cases in which onanism is to be regarded as an immediate symptom of the neuropathic state or psychosis; for example, in maniacal states with sexual excitement, as they occur in hysteria and epilepsy, and as the forerunners of mania and paretic dementia.[1] In his classification based upon anatomical principles, Magnan classifies a certain form of onanism as belonging to the "spinal" sexual anomalies, and speaks of automatism of the genital reflex centre. He mentions a female idiot, aged 7, who masturbated continuously after her third year, and who could not be kept from it by any means. Magnan believes that the girl masturbated as a result of irritation seated in the genito-spinal centre; for all sensorial cerebral functions were to be regarded as absent.[2] Here it may be advantageous to review the anomalies of the sexual instinct in imbeciles and idiots. In relation to the symptoms of paradoxical expression of the sexual appetite,—sexual hyperæsthesia in general,—according to the statements of Sollier[3] and Bourneville,[4] onanism is of the greatest importance. The author first named expresses himself as follows:—

"In uncleanly and incurable idiots there can be no thought of a real sexual instinct; the onanism which most of them practice cannot be regarded as its expression. In idiots capable of education sexual instinct may make itself noticeable, but it is always weak. Sometimes it is abnormally developed and perverse, but never normal. On the other hand, imbeciles are often prematurely developed, and, at the same time, they manifest most of the sexual perversions."

The most frequent and earliest aberration of the sexual instinct is, according to Sollier, onanism. Some masturbate

[1] Magnan, "Des anomalies, des aberrations, et des perversions sexuelles," Progrès Médical, 1885.

[2] Comp. von Krafft-Ebing, "Ueber Irresein durch Onanie bei Männern," Allgem. Zeitschrift für Psychiatrie, 1874, p. 425.

[3] Paul Sollier, Der Idiot und der Imbecilles, Leipzig, 1891, p. 75 *et seq.*

[4] Bourneville and Sollier, "Des anomalies des organs génitaux chez les idiots et les epileptiques," Progrès Médical, 1887.

automatically; others know what they do, and seek in the practice sexual gratification. Idiots of two or three years, who masturbate constantly, so to speak, belong to the first category. "With them it is a *tic* similar to others they present. That sexual desire has nothing to do with it is clear. Often there are seen malformations that are in nowise related to the sexual instinct. On the other hand, I have previously called attention to the fact that certain idiots experience pleasant sensations with their *tics*."

Automatic masturbation occurs at a certain age in idiotic dements. It is also found in very young idiots and imbeciles, as sometimes in normal children. In the latter the habit is abandoned with increasing years, especially with the occurrence of puberty and as a result of education. Even though idiotic children find a certain sexual satisfaction in the practice, it is not to be regarded as true sexual pleasure. Usually real sexual pleasure is to be observed only after the genitals have reached their full development at puberty. In many instances, however, true sexual instinct is developed remarkably early. Sollier saw several idiots of very low intelligence, who, from the fourth or fifth year, found pleasure in touching little girls or women. Many sought to violate their little sisters and touch them indecently; others approached their mothers by lifting their skirts. "Often in asylums for idiots they are seen to attempt indecent fondling of their nurses, and they like to come in contact with them, thus being thrown into a state of general excitement. These inclinations are observed toward women and girls more frequently than toward children of the same sex. This seems to demonstrate that the inclination is a true sexual instinct. But in normal children sexual excitation occurs more frequently, and that before puberty, than is suspected."

In imbeciles onanism is less frequent up to puberty than in idiots; but after that period the relation is reversed. After puberty onanism occurs under the influence of the sexual instinct for sexual gratification. In this respect the girl is like the boy. Sollier reports: "A girl in Bicêtre masturbated by

rubbing the thighs together (the most common method), and thus finally induced an erythema of both thighs. In spite of this condition she continued the practice so long that the skin became gangrenous, and the surface of the sores could never be entirely healed."

According to the later psychiatric investigations (Christian, Kraepelin, Forel, Vogel, Löwenfeld, Uffelmann, von Krafft-Ebing, etc.[1]) it is put beyond doubt that habitual masturbation is either a concomitant symptom of an existent neuropathic condition, or, as a rule, induces, in connection with inherited or acquired predisposition, pronounced disturbances of the nervous system.

Forms of Onanism.—The induction of sexual orgasm in onanists is either by means of *peripheral* or *central* irritation, or *both simultaneously*. From a practical stand-point, three groups may be distinguished: 1. Onanism by means of tactile excitation. 2. Onanism by means of psychical excitation. 3. Onanism by means of a combination of sensory and ideational excitation.

1. *Onanism by Means of Tactile Excitation* (*Masturbation*, *Manustupration*).—While in the first group the implication of the imagination takes place as a secondary accompaniment, in the second group it is the principal means of gratification. Merely friction of the glans, rubbing of the clitoris, or other tactile irritation of erogenous areas (in women: vagina, cervix uteri, nipples, and, under pathological conditions, places in the proximity of the genitals and mammæ; in men: the skin of the external genitals, and, according to some authors, under pathological conditions, the anus), according to Hammond's[2] opinion, is not sufficient to induce the necessary degree of sensual excitation; rather, the peripheral stimulus induces ideas

[1] Christian, Onanisme (Extr. du diction. encyclop. des sciences médicales); reference in Erlenmeyer's Centralbl. für Nervenheilkunde, 1882, p. 198. Kraepelin, Lehrbuch der Psychiatrie, p. 32. Forel, "Einige Worte über die reglementirte Prostitution in Kiew und über sexuelle Hygiene," Separatabdruck aus dem Correspondenzblatt für Schweizer Aerzte, 1889. Vogel, Lehrbuch für Kinderkrankheiten, 5 aufl., p. 387. Uffelmann, Handbuch der öffentl. und privaten Hygiene des Kindes, 1881, p. 368. Löwenfeld, Die nervösen Störangen sexuellen Ursprungs, Wiesbaden, 1891, pp. 64, 65.

[2] Hammond, Sexual Impotence.

with which pleasurable feelings become associated. The content of these ideas is, in the majority of instances, concerned with sexual relations and situations. The most common method of tactile stimulation of the genitals consists of rubbing, pressing, swinging movements of the thighs, or of fondling and friction with the hands. Females[1] make use of the most various objects for masturbation;[2] they insert large and small objects into the vagina, such as hairpins, crochet-hooks, needle-cases, lead-pencils, radishes, spools, and candles. "Married women," according to Winckel,[3] "choose fir-twigs, artificial penes made of bacon, and even pomade-jars and drinking-glasses. The most ludicrous combination of this kind that has ever been discovered was found by K. Schröder,—a pomade-jar and a cricket in the vagina." These objects, which easily slip from the hand, often give occasion for operative interference. One of my patients rubbed the clitoris with a sponge. Too, the ideas which accompany the manipulations sometimes concern strange objects. Thus, one of my patients who masturbated thirty years, and lived for the most part in the country, conceived that she was in coitus with a stallion.

Here but brief allusion can be made to the anthropological significance[4] of masturbation. Among the Khoikhoin (Nama Hottentots), according to Ploss,[5] in the youths of the female sex masturbation is so frequent that the practice might be regarded as a custom. Therefore, no especial secret is made of the matter, and in their tales and folk-lore the people speak of it as of a customary matter (Fritsch[6]).

The vice, even at the time of the arrival of the Spaniards, was wide-spread among the females of the Philippines; they had invented an artificial penis with which to gratify their insatiable

[1] Pouillet, De l'Onanisme de la femme. 2d ed. Paris, 1877.

[2] De Giovanni, Di una causa posa valutata nella patogenesi di alcune infirmità muliebri (Gazz. Med. Lombarda, 1877, No. 15, p. 141).

[3] Comp. Winckel, Diseases of Women.

[4] According to Mantegazza (Hygiene der Liebe, p. 83), the English physician, Copeland, has stated: "The Jews owe their great power of resisting many epidemic diseases and a certain mental deliberation to the fact that masturbation is unknown among them." That this statement is erroneous is shown by the experience of Mantegazza and others.

[5] Ploss, Das Weib, Leipzig, 1891, Bd. i, p. 330.

[6] Fritsch, Die Eingeboren Südafrikas, Breslau, 1873, pp. 111, 280.

desires, and they had other similar means for the satisfaction of their unnatural lust (Blumentritt[1]).

Manipulations which cause enlargement of the clitoris and labia minora, it seems, are indulged in either purposelessly (at least, not in conscious action) or for various purposes. According to Ploss,[2] among many barbarous peoples the indulgence of the youthful females in masturbation, pleasurable titillation, and lustful pinching and pulling of the excitable portions of the genitals, is the cause of their gradual change of form. Still, perhaps these practices are undertaken with the more or less clearly-conscious purpose, not only of increasing the individual's own lustful pleasure, but also with a view to so change the genitals as to better adapt them for the performance of tribadism,—a vice which has always been very wide-spread in the Orient.

2. *Onanism by Means of Psychical Stimuli* (*Psychical Onanism*).—Central excitation of the sexual orgasm, as by simple memory-pictures, is always a sign of psycho-sexual hyperæsthesia, and is to be regarded as occurring, for the most part, as a manifestation of cases falling in group 1; for example, in hysterical individuals, those tainted hereditarily, and in states of psychical exaltation. According to von Krafft-Ebing,[3] where this means is effectual the fancy is abnormally excitable, and associations are facilitated.

The pollutions which take place in both sexes as a result of erotic thoughts, both in dreams and the waking state, must be placed in this class; the sensual excitation is brought about purely by an act of the imagination. Thus, for example, a man concentrates his entire attention in thought upon a female; "fancies that he approaches her vulva and attempts immissio penis; then he thinks of the various stages of coitus, until finally he experiences the complete orgasm."[4]

According to Hammond, there are men who know only

[1] Blumentritt, "Der Ahnencultus und die religiösen Auschauungen des Philippinen archipels," Mitth. d. 12, 12 geog. Gesellsch. in Wien, 1885, xxviii, 2.

[2] Ploss, Das Weib, Leipzig, 1891, Bd. i, p. 330.

[3] Von Krafft-Ebing, Psychopathia Sexualis, p. 39.

[4] Hammond, Sexual Impotence.

this kind of excitation, and who have no erection in the normal way. As a rule, this hyperæsthesia occurs after masturbatic or other sexual excesses; so that the matter is one of memory-pictures in different variations. One of my patients is also able to indulge in the pleasure of this ideal coitus at any time. A quiet, comfortable position, either lying or sitting, is the preparatory measure necessary for success. Then he allows his fancy free rein, and dreams intensely—though consciousness is intact—that he is in the desired situation, until ejaculation takes place. This calls to mind the artificial induction of dreams by narcotics. In "The Significance of Narcotics in Hypnotism"[1] I have shown that narcotics (alcohol, opium, etc.), especially Indian hemp, induce a condition favorable for the acceptance of suggestions,—even for *auto-suggestions*; hence the use of haschish by Orientals when they wish to give themselves up entirely to a drunken imagination in which ideas of a sexual character play the principal *rôle*.

Too, such pollutions in the female sex, which are most frequently induced in sleep by erotic dreams, are not without importance. At the height of sexual excitement an abundant secretion is emptied from the glands of Bartholini. In many women, as Robinson[2] states, a lustful, convulsive sensation, which is also painful, occurs, which Robinson attributes to contraction of the constrictor cunni. In his opinion, previous masturbation and regular coitus are to be regarded as the etiological factors. Many of these patients experience a subsequent feeling of relief, and the next morning are refreshed; many others awake with pain in the back after pollution.

The induction of orgasm by erotic ideas is of especial interest by reason of the religious significance that has been given it in the imagination of ignorant peoples. "There is an uncommonly wide-spread belief that evil spirits of a certain kind possess the power to visit young maidens and wives, and also youths and husbands, while in bed at night, of course always in

[1] Schriften der Gesellschafft für Psychologische Forschung (Leipzig, Abel, 1891), Heft 1.

[2] Robinson, "Klin. Beob. über Pollutionen beim Weibl. Geschlecht," Med. Ag., 1889, No. 7.

the seductive form of the opposite sex, in order to perform coitus with them.[1] The feeling of depression on the day following the pollutions is ascribed to the power of the evil spirit of the night to sap the strength. These demons, which during the middle ages were known as incubus and succubus, as *ephialtes* and *hyphialtes*, as night-power or weight, as night-mare, etc., were known to the civilized peoples of Western Asia many centuries before the beginning of our historical reckoning, and they were feared under the names of night-men and night-women." According to Ploss, in the ruins of Ninevah were found a great number of tablets of terra-cotta from the library of Assurbanipalus (Sardanapalus of the Bible) on which there were cuneiform inscriptions. Among them were formulæ for exorcism and prayers in Accadian characters, with an Assyrian translation inscribed above them, which were directed against the night-men (lillal) and the night-women (kiel-lillal). We are justified in assuming that there was a belief in the possibility of cohabitation with a god, where we find that mature maidens who were approaching marriage sacrificed their maidenhood in the temple as a custom. Legendary demoniacal animals are also frequently held to be the progenitors of whole tribes, especially among the Indians and Polynesians. The consorting with the devil for years, which comes to us from the fourteenth and fifteenth centuries, is well known. Usually this sexual congress took place at night; but women were even "found in broad daylight in the fields entirely naked, and sometimes their husbands found them in the embrace of the devil," etc.

The forest has always been regarded as the place of preference for the attacks of demons upon women. The lust of satyrs, fauns, and sylvans is well known; and the Druids of the ancient Gauls and the forest-god of the Germans may be recalled.

In the islands of Aaro the unchaste forest-god has power only over menstruating women, who, therefore, dare not enter a forest. The states of excitement in the genital apparatus at the time of puberty in both sexes, and at the time of menstruation

[1] Ploss, Das Weib, Leipzig, 1891, Bd. i, p. 332.

in maidens and women, have a reflex effect upon the central nervous system, and induce erotic ideas that may attain the intensity of hallucinations, which then correspond with the religious belief of the individuals. The centrifugal effect of such ideas is to induce, either in the sleeping or waking state, should they be intense enough, the well-known lustful feelings; and this differs from voluntary psychical onanism only in the unconscious and latent excitation of the imagination. Essentially, however, in both cases it is ideal cohabitation,—the induction of orgasm by sexual ideas which on their part are conditioned by organic or psychical causes, and which, therefore, are physical in any case.

3. *Onanism by Means of a Combination of Sensory and Ideational Excitation.*—In onanists of the third group the imagination alone is inadequate for the induction of sexual orgasm. On the contrary, the imagination must be intensely excited by a sensory impression in order to induce a sufficient degree of sensual excitement in the nervous system. Often sensory impressions that appear to have no relation to the sexual life (optical and tactile impressions, odors, and tastes) are sufficient to excite the psycho-sexual mechanism. That, as von Krafft-Ebing[1] thinks, in all cases lascivious ideas are induced, according to my experience, seems questionable. With hyperexcitation of the genital centres, ejaculation occurs without other tactile irritation of the sexual organs, as in psychical onanists. In other cases ideas alone are not sufficient to induce the orgasm, which takes place only with mechanical assistance (masturbation, pressing and rubbing of the thighs).

Too, in some individuals a variation is to be noticed, in that with extraordinary excitation the imagination is sufficient to conclude the act, while in other cases manipulations complete the work. Thus, one of my patients reports that when he was 18 he excited himself sexually by looking at obscene photographs; on one occasion only did the excitement become so intense as to cause spontaneous ejaculation, and then it was with a feeling of lustful pleasure such as he had never before experi-

[1] Von Krafft-Ebing, Psychopathia Sexualis.

enced. Another patient, who is at the same time of contrary sexuality, has erection only when he sees naked male nates. The idea of the nates is not sufficient, at least, in the waking state, though it is efficient in dreams. Two female onanists, seen in my practice, without any friction induced sexual orgasm by sensory impressions which had no sexual relation whatever. One practiced onanism in this way while hearing music, or while regarding landscape paintings, and that without anything like a lascivious idea. The other was sensually excited at the sight of the grandeurs of nature, such as the sea. Both patients indulged in onanism in the street, in cafés, in the theatre, and in street-cars, without in any way attracting the notice of those about them. While with the first there was no knowledge of sexual intercourse, with the second occurred ideas of a sexual nature. When she became attracted by the sight of an especially strong and handsome male form, orgasm would occur in one minute at most. The touch of the physician in the first examination induced it. Another patient is able to have ideal cohabitation at a distance. For example, he seats himself in the theatre *vis à vis* a lady attractive to him; then he allows his fancy free rein, and thus enjoys the pleasures of love by picturing so intensely to himself all the positions of coitus with the person that ejaculation results.

According to Hammond,[1] it seems that in America such persons form a kind of a union or society, and have certain signs by which they recognize one another. They call themselves by a common name, which signifies "a man who indulges in ideal coitus." They say that they can tell by a man's face whether he belongs to their society or not.

One of my patients, of contrary sexuality, had an ejaculation when the man who was the object of his love, and who had no suspicion of the condition of his friend, felt his pulse on an occasion of illness.

In another case of contrary sexuality the man experienced orgasm on merely shaking hands with a man especially attractive to him.

[1] Comp. Hammond, *loc. cit.*

Hammond's[1] observation in the case of an epileptic is also remarkable: "He took employment with a dealer in vegetables whom he liked to visit, in order to see beautiful women. When he had chosen his partner, he would concentrate his thoughts on her and imagine her in the most various exciting positions. It was not difficult, he said, to fancy her before his eyes entirely nude. Then he would make voluntary contractions of the glutei, the accelerator urinæ, and other muscles, and usually after no longer than a minute orgasm would occur. He could also induce sexual excitement when he thought of a lady he had just seen, without having her before his eyes. Natural sexual intercourse, on the other hand, afforded him no pleasure; on the contrary, he was absolutely impotent with women, and not even with the help of fancy was he able to have sensual pleasure in coitus. Finally he became absolutely unable to prevent the excitement which came on, and that without erection, merely at the sight of an attractive woman. Likewise a painting or wood-cut of a woman, dressed, nude, or half-nude, induced orgasm, with or without erection and ejaculation."

In the cases mentioned, optical, auditory, and tactile perceptions (examples of olfactory and gustatory impressions acting in this way are not known to me) are the causal factors in the excitation of the sexual sense, and, indeed, regularly with deviation from physiological conditions, and often without any relation in content to sexual matters. Many authors presume a more intimate relation between the olfactory and sensory senses (von Krafft-Ebing,[2] Althaus,[3] Cloquet[4]).

In his latest work, Moll[5] opposes this. In his opinion the relationship between olfactory impressions and the sexual instinct is not more intimate than that of many other sensory impressions, and that of sight with the sexual sense is much closer than that of smell; especially since it is questionable whether there is a special centre for sexual sensations.

[1] Hammond, *loc. cit.*

[2] Von Krafft-Ebing, Psychopathia Sexualis, p. 26.

[3] Althaus, "Beiträge zur Physiol. und Pathol. des Olfactorius," Arch. für Psych., xii, H. 1.

[4] Cloquet, Osphrésiologie, Paris, 1826.

[5] Moll, Die conträre Sexualempfindung, Berlin, 1891, pp. 183, 184.

The sensory impressions mentioned induce in the cerebral cortex sexual ideas, feelings, and impulses which, in hyperæsthetic individuals, may give rise to complete sexual satisfaction. When it is present in sufficient intensity, a memory-picture alone may have the same effect. While in this chapter, to a certain extent, only the exterior of unphysiological excitation and abnormal intensity of the sexual instinct interest us, in Section III we shall learn the great importance which is to be attributed to the content of the ideas which accompany the sexual excitement in giving perverse direction to the vita sexualis.

Dangers and Results of Onanism, with Especial Reference to Insanity.—Though onanism, where it is not a symptom of a psychopathic or neuropathic predisposition, may always be regarded from a moral stand-point as a vice, still the physician, as a rule, will be concerned only with such cases of it as present more or less profound disturbance of the nervous system. From a more humane point of view, this "error," this "sin of youth," is to be looked upon as a malady, as a disease presenting characteristic symptoms. Concerning the real cause of this injurious practice authors differ. Thus, Erb[1] regards the single onanistic act as no more harmful than that of normal coitus. He says: "The effect upon the nervous system in a man must be essentially the same, whether the friction of the glans takes place in the vagina or is otherwise carried out; the nervous shock in ejaculation remains the same; it might well be presumed that the nervous excitement would be greater where the female is used."

But in reply to this it may be stated that masturbatic acts, with the exception of such infrequent cases as those of Magnan,[2] which must be regarded as instances of psychoses, have a much more intense psychical effect than does coitus. The content of the ideas in every single onanistic act must overcome reality, and thus a much more intense strain of the imagination is necessary. And the imagination itself, even with infrequent practice of onanism, with respect to the accompanying psycho-

[1] Erb, Handbuch der Rückenmarkskrankheiten, p. 163.
[2] Comp. p. 5.

sexual product,—the content of ideas,—becomes artificially accustomed to a single direction of activity. We shall learn in Chapter IX the deleterious influence of the content of the ideas of masturbators in cases of severe psycho-sexual disease. Besides, the fact of self-indulgence, save with infrequent performance of the act, brings onanists into a peculiar and, I might say, unphysiological relation to the opposite sex. In that it destroys the sexual relation with the opposite sex, it weakens sexual desire and attacks the most powerful natural instinct—love's impulse—at its very root; it injures the whole sexual foundation, the basis of all ideal activities; it extinguishes the fire of sensual feeling, the most powerful incentive to the putting forth of strength, in both individual and social existence, in the world of beauty and morality.[1] Masturbation moderately practiced exercises, on a good constitution, no direct destroying effect, but it changes, when it is long indulged in, the character, the imagination, and the whole mental existence in a way that is unmistakable and, so to speak, necessary. These evil effects of onanism seem to us to be greater than those lesser disturbances which seldom affect materially the general health, and which Dr. Löwenfeld[2] describes in detail.

Still, in purely a physical sense, it seems questionable whether coitus and masturbation are equivalent acts. Gyurkovechky[3] found a history of greater depression and weariness after occasional indulgence in onanism than after considerable excessive coitus. According to the expression of many patients, the act of indulgence which leaves behind it the most intense feeling of well-being is that in which the semen is expelled with the greatest energy and strength. Any delay in the expulsion, anything like weakness or lack of energy in the completion of the act, has an incomparably weakening effect upon the nervous system. But Hammond[4] assumes that the sexual act, in that it requires a greater expenditure of muscular power, must certainly be more injurious than onanism with like frequency of indulg-

[1] Comp. von Krafft-Ebing, Psychopathia Sexualis, p. 5.
[2] Löwenfeld, Die nervösen Störungen sex. Ursprungs, pp. 89–94.
[3] Gyurkovechky, Impotenz, p. 103.
[4] Hammond, *loc. cit.*

ence; at least, with reference to ejaculation and orgasm. "For, with the orgasm and the loss of semen, it is a matter of indifference where the semen is deposited, whether in the vagina or in any other receptacle." This conflict in the opinions of the authors is easily overcome when we properly consider the accompanying effect of the psychical factor, which varies with the individuals, but which is constantly in play. Experience shows that masturbation, since opportunity for it is constantly present, is much more frequently practiced than natural sexual indulgence. The exhaustion of strength induced by frequent indulgence points to the frequent and severe material injury of the nervous system. When, by reason of defective or incomplete erection, an individual is incapable of coitus, masturbatic friction of the glans may still be performed with a flaccid member. The majority of cases of impotence (on this point all authors agree) depend upon excessive and early indulgence in onanism.

Hammond states that he observed complete impotence in married men who had practiced masturbation moderately without noteworthy injury to their general health. There are many young men, strange to say, who see nothing in self-abuse that is immoral, or who, at least, in case they understand the evil, are unable to resist it. Naturally, after marriage they find that legitimate intercourse only imperfectly satisfies their sexual instinct, and that it excites their sensual feeling much less than did the evil habit in which they previously indulged (Hammond).[1] The dreams which accompany the onanistic act are not realized in marriage, and to the great surprise of such patients their virility is well-nigh extinguished.

At the same time, between the sexual instinct longing for satisfaction and the effort to remain pure, there arises a terrible struggle, which, unfortunately, only too often ends in victory for the vice.[2] From this arises the moral depression of those who abstain. This and the ever-renewed struggle, as well as the onanistic stimulation, gradually undermine the nervous system.[3]

[1] Hammond, *loc. cit.*

[2] Comp. Leopold Caspar, Impotentia et Sterilitas Viriles, München, 1890, p. 77.

[3] Comp. Beard, Sexual Neurasthenia; and von Krafft-Ebing, "Neurosen und Psychosen durch sexuelle Abstinenz," Jahrb. für Psychiatrie, Bd. viii, pp. 1, 2.

In the course of time weakness of the whole nervous system occurs.[1] At the same time it is important whether the pernicious habit has been practiced from early youth or only from after about the twentieth year. The earlier the vice is indulged in, the more serious are its effects. In the functional injury to the central nervous system, the loss of semen is not of any essential pathogenetic significance. "While in coitus the act is quasi-reflex and automatic, onanism is voluntary, and must be attended by activity and expenditure of nervous material which possesses a higher functional value" (von Krafft-Ebing[2]). Meyer[3] thinks that the impulse to masturbate is stronger and more obstinate when the result of psychical predisposition, weaker when it is accidentally provoked. In the first instance, therefore, it has a more injurious effect upon the mental condition.

With reference to the deleterious effect of onanism on children, alienists and those versed in the hygiene of childhood agree that masturbation, besides inducing motor, sensory, and circulatory disturbances, etc., may give rise to lack of feeling; want of desire for child-like play, in as far as this does not give opportunity for the vice; a shy, retiring disposition; psychical irritability; inclination to paroxysms of anger and rage; and weakness of memory and judgment.

"When it is remembered that abnormal precocity of sexual desire is one of the peculiarities of a neuropathic constitution, the conclusion seems justified that the children whose insanity arises from onanism have been under the influence of

[1] Only orthodox one-sidedness of view and complete ignorance of physiological conditions of life make such a statement as the following explicable: "Not even the shadow of a proof has been cast to show that a nervous man is made nervous or insane by a moral life,—*i.e.*, complete abstinence from sexual intercourse." (Comp. A. Römer, M.D., Die Sittenreinheit vor dem Richterstuhl einer ärztlichen Autorität, Streitfragen, wissenschaftliches Fachorgan der deutschen Sittlichkeitsvereine, Berlin, 1892.) The pamphlet is opposed to the works of Moll and von Krafft-Ebing, and states that sexual errors arise either from "seduction" or from "personal evil" (*sic!*). But those who show a tendency to yield to "the evil inclinations of the human heart" (p. 12) should, according to the receipt of Dr. Römer, call to mind "the grand words of the Apostle Paul in the Epistles to the Romans (i, 26, 27, 32), as well as in those to the Galatians (v, 16 and 24)."

[2] Von Krafft-Ebing, Ueber Irresein durch onanie bei Männern, *v. supra.*

[3] Ludwig Meyer, Die Beziehungen der krankh. Zustände und Vorgänge in den Sexualorg. des Weibes zu den Geistesstorungen, Berlin, 1869, p. 15 *et seq.*

that evil *ab ovo*" (Vogel,[1] Uffelmann[2]). In young children masturbation causes convulsions, choreic conditions, and mental weakness. According to Spitzka,[3] between the fifth and tenth years the nutrition of the brain suffers. Such children are wanting in independent thought and action. At the age of 20 to 25 the majority of onanists feel the effects most seriously. Actual nosomania may result. If such cases develop actual insanity, they can be called cases of masturbatic insanity only when the connection with the excesses is a direct one.

Spitzka occasionally observed mania, melancholia, epilepsy, stupor, and katatonia in young onanists. "There is also a form of delusional insanity, developing during and after puberty, which deserves the name of masturbatic insanity. It is chronic, has a tendency to a restless form of dementia, and in its beginning it is characterized by anxiety, fear, suspicion, and depression. Later, confusion and motor excitement occur; and, still later, rage and destructiveness" (Spitzka[4]).

Through habitual indulgence, onanism becomes instinctive; and the vain efforts of the individual to overcome it undermine his strength of character. Thus, with this victory, it becomes a genuine pathological manifestation, whether it exist alone or in connection with nervous disturbances; and then it is to be regarded as the expression of a cerebral disease. The most frequent results of masturbatic excesses are: excessive pollutions (day and night), spermatorrhœa, premature ejaculation in attempts at coitus, hyperæsthesia of the genital centres, spinal neurasthenia, congestion of the prostate, inflammation of the urethra, hyperæmia and swelling of the mucous membranes, and intense sensitiveness of the glans. In young children, besides, there may readily occur vesical tenesmus, wetting of the bed, spasm of the compressor urethræ, and urinary incontinence. Further results are urethritis, prostatorrhœa, spermatorrhœa, and impotence.

[1] Vogel, Lehrbuch der Kinderkrankh., 5 aufl., p. 387.

[2] Uffelmann, Handbuch der öffentl. und privaten Hygiene des Kindes. Leipzig, 1881, p. 368.

[3] Spitzka, "Self-Abuse in Relation to Insanity," The Dublin Medical Journal, 1887.

[4] Spitzka, *loc. cit.*

The neurosis of the lumbar portion of the cord leads to general neurasthenia, tachycardia, pains, præcordial distress, feelings of pressure and weight or pains in the eyelids,[1] spasm of the lids, photophobia or subjective sensations of light, diminution of the acuity of central vision, neurasthenic asthenopia, etc. To these disturbances Löwenfeld[2] adds the so-called eye-migraine.

In the female sex there are similar neurasthenic and hysterical disturbances, such as hysterical attacks, paralyses (vesical paralysis), vesical tenesmus and spasm, ovarian neuralgia, weakness of the legs, and spinal irritation. Among local disturbances may be mentioned hyperæmia of the labia minora and the vaginal orifice, desquamation of the epithelium, fluor albus, cervical catarrh, intense hyperæsthesia, pruritus vulvæ, hypertrophy of the clitoris, and irritable conditions of the uterus and adnexa.

A condition that has thus far been too little studied, and which in its significance is one of the most important and frequent results of masturbation in the female, is a form of impotence in which the orgasm no longer occurs during the sexual act, even when it is performed with several men, but in many cases may be induced *post-coitum* by masturbation. In the chapter on impotence I shall consider the matter more in detail. The above-mentioned change of character, depending upon unphysiological stimulation, may occur in woman as well as in man, and in the female it may manifest itself in a more serious disinclination to marry (Tissot).

Steinbacher[3] speaks very caustically of such a disposition: "They think they can satisfy themselves with their unnatural stimulation, and it is owing to this circumstance that so many remain unmarried, of course unconscious that health and life are destroyed by the unnatural satisfaction of their desires. One sees only too many of such erring old maids to compare with the wife, who has been the faithful companion of her husband, chaste and moderate in indulgence and moral, and the mother

[1] Comp. Cohn, "Augenkrankheiten bei Masturbanten," Archiv für Augenheilkunde, von Knapp und Schweizer, 1882, p. 198.

[2] Löwenfeld, *loc. cit.*, p. 83.

[3] Steinbacher, Die männliche Impotenz, München, 1877, p. 84.

of children. It is astonishing how much better women living a full life are preserved up to an old age, and how much fresher and more joyous they appear than those old maids who suffer with all the female ills; who are so hysterical, convulsive, yellow, and bigoted; who, insufferable in their eccentricities, live in close friendship only with dogs and cats."

The question whether onanism as an etiological factor lends specific features to insanity which make it possible, from the clinical symptoms, to ascertain the particular cause, von Krafft-Ebing, on the basis of large experience, answers in the negative, stating that, where the onanism is only a symptom of disease, or where it is an exciting cause operating with a neuropathic and degenerate constitution, it exercises no influence upon the clinical form of the malady; and that it is the same when it induces the outbreak of insanity and rapidly hastens the psychical and physical degeneration. In cases of the third category, where onanism forms the predisposing causal factor of the disease, the multitude of hallucinations and the ease with which they arise are striking.

In another place[1] the same author distinguishes two forms in the pathogenesis of masturbatic psychoses:—

(*a*) A psychical, through assisting mental causes. These are spontaneous mental feelings,—remorse, shame, and fear of the results of the vice, with the painful consciousness of being unable to overcome the habit by strength of will. In such cases melancholias arise with intense hypochondriacal features in harmony with the predominating symptoms of the accompanying neurasthenia.

(*b*) The cause is somatic, through the addition of other weakening influences (insufficient nourishment, sleeplessness, physical diseases, mental and physical strain). The form of the disease here seems to be essentially conditioned by constitutional factors. If these be slight in degree, pure exhaustion-neuroses, stupor, and delusional states occur; upon a degenerate foundation are developed states of primary dementia, paranoia, and insanity with imperative conceptions.

[1] Von Krafft-Ebing, Lehrbuch der Psychiatrie, 3 aufl., p. 208.

All the symptoms occurring in the sexual psychoses are more or less those of neurasthenia, as are olfactory hallucinations of a repulsive character.

In confirmation of von Krafft-Ebing's views, Kräpelin[1] describes the psychical degeneration in the following words: "Most frequently in onanists there occurs a progressive loss of mental activity, or inability to comprehend and elaborate mentally external impressions, weakness of memory, lack of interest, or dullness. In other cases symptoms of aggravated irritability become more prominent; or strange associations of ideas, inclination to mysticism, and exalted enthusiasm; or hypochondriacal and melancholic depression. With these are associated various nervous disturbances, especially abnormal sensations, from which not infrequently absurd delusions of demoniacal or secret or physical (magnetic, electrical, sympathetic) influences are developed."

From what has gone before, it is plain that onanism is to be regarded as the causal or exciting factor in the origin and outbreak of numerous forms of mental disturbance; that is, *in all cases* with a neuropathic constitution or in connection with other assisting causes, it is capable of inflicting serious injury on the mind, often accomplishing its complete destruction. The following figures place in a still clearer light the relation of masturbation to insanity. According to Ribbing's[2] statements, the admissions of insane patients to the asylums of Sweden were:—

1883	. . .	643	cases,	of	which	25	were	due	to onanism.
1884	. . .	704	"	"	"	19	"	"	" "
1885	. . .	744	"	"	"	22	"	"	" "
1886	. . .	741	"	"	"	35	"	"	" "
1887	. . .	791	"	"	"	35	"	"	" "
Total,	. .	3623	"	"	"	136	"	"	" "

This constitutes 3.7 per cent. In this computation those cases are also included in which onanism was only an accessory cause, and not the only exciting factor in the induction of insanity.

[1] Kräpelin, Psychiatrie, 3 aufl., p. 33.

[2] Ribbing, Die sexuelle Hygiene, 3 aufl., p. 128 (Hobbing, Leipzig, 1891).

The figures for three years in England were:—

1885 . . . 13,158 cases, of which 160 were due to onanism.
1886 . . . 13,624 " " " 163 " " " "
1887 . . . 14,336 " " " 203 " " " "

And the percentages for each year were:—

1885 . . . 1.2 per cent. (males, 2.2 per cent.; females, 0.3 per cent.).
1886 . . . 1.1 " " (" 2.0 " " " 0.3 " ").
1887 . . . 1.4 " " (" 2.6 " " " 0.2 " ").

Ellinger[1] states that masturbation was an accessory cause in 83 cases out of 383 cases of insanity. On the other hand, von Krafft-Ebing points to the fact that, in 38 of his cases of insanity due to onanism, 31 were notoriously predisposed by heredity; that in only 3 of these cases did the insanity begin before the fifteenth year, though onanism had been practiced by almost all the patients from early childhood.

Ludwig Meyer[2] observed 7 cases of onanism in girls ranging in age from 1 to 9 years. Of these, 4 remained mentally intact; in 3 children there were psychopathic symptoms, and of these 2 had a neuropathic predisposition, and the third child was born of a criminal mother and presented the clinical picture of psychical degeneration.

Dr. Peretti[3] found, among 300 male patients in asylums, 59, or 19⅔ per cent., in whom onanism could be regarded as an accessory cause of the development of the mental disturbance (Ellinger reckoned 21.5 per cent.; Dahl, 21.25 per cent.). Thirty-three out of the 59 became insane between the ages of 15 and 25; and, of all the cases admitted between the ages of 15 and 25, 45.2 per cent. were onanists.[4]

According to Peretti's statements, onanism induces a loss of the resistive power of the mind, so that the latter is thrown out of balance by a very slight additional disturbing influence. The first signs of mental disturbance are a retiring disposition, apathy and irritability, and an hypochondriacal mood. An

[1] Ellinger, Allgem. Zeitschr. für Psychiatrie, Bd. ii, cited by von Krafft-Ebing, "Ueber Irresein durch Onanie."

[2] Ludwig Meyer, *loc. cit.*

[3] Peretti, "Ueber Geisteskrankheit bei Onanisten," Die prakt. Arzt., 1881, xi.

[4] Comp. Lombroso's statements on page 4 of this book.

insignificant circumstance may be sufficient to induce a complete outburst of despair, fear, or an attempt at suicide. The hypochondriacal depression may go even to the extent of hypochondriacal paranoia. Pure melancholia is infrequent. The mind is weakened, and the attempts at suicide have a theatrical character. To the inconstancy and apathy are added, later, hallucinations and ideas of persecution and conceit. And the suspicion and mistrust lead to the idea of being watched, fear of persecutors, and to attacks on those supposed to be inimical. This goes to the extent of senseless confusion and violence. In silent patients who have a disinclination to employ themselves, this may go on to hallucinations. Peretti calls this "masturbatic insanity,"—moodiness, with sudden changes; excitability; phantasms of all the senses, of which olfactory hallucinations are especially frequent; fantastic ideas; epigrammatic phrases and use of foreign words in letters; increased feeling of personal importance without self-knowledge; idealistic and impractical plans for the future, both for self and humanity.

Among physical symptoms, Peretti found a blowing systolic murmur, apex-sound remarkably loud, cardiac dullness normal, changeable pulse-rate, cerebral congestions, and anæmia.

Finally, we may here allude to the well-known form of masturbatic paranoia which goes by the name "erotomania." This name of a psychical degeneration means a tendency to fall in love. A neuropathic and hysterical predisposition and cerebral diseases may favor the development of such a condition. The love of such individuals is purely platonic; it manifests itself in "enthusiasm for a person of the opposite sex who gives æsthetic satisfaction, or, indeed, sometimes for a picture or statue," etc. (von Krafft-Ebing). They are unable to gratify their passion with the object of affection. For the most part, masturbation gives satisfaction to the unbridled fancy. The patient deifies the object of desire, worships it, and bores his friends with unremitting talk of the object of his abnormal enthusiasm. Gradually and unnoticed the pathological disposition becomes actual disease. Since such persons constantly inflame their imagination, and in solitude resort to onanistic stimuli,

they frequently come to have actual illusions and hallucinations. "The delusions of love become complicated with ideas of grandeur; or they become transformed into those of persecution, in that the ideas of love may alternate with hypochondriacal fears" (Tarnowsky).[1]

Cases of erotomania belong to Magnan's[2] fourth group. In such patients the lower sexual instincts of the occipital and spinal centres are completely at rest, while perverse sexual ideas are produced in the frontal region without becoming transformed into actual sexual stimuli through the spinal centres.

The points made may be summarized as follows:—

A. Onanism in Healthy Individuals.

1. The single act of onanism, in comparison with normal coitus, is injurious to the central nervous system; for an effort of the imagination must overcome reality, thus requiring the activity and waste of nervous material which possesses a higher functional value.

2. Masturbation, when practiced no more frequently than normal coitus,—*i.e.*, with moderation,—aside from the injurious influence on the nervous system mentioned, injures the character of the individual; for it undermines the physiological relations with the opposite sex, and thus perverts one of the most important sources from which spring the impulses to exert the powers, both in individual and social existence (celibacy, etc.); and by habitual cultivation the unphysiological excitement may attain an instinctive character. This victory of an anomaly of habit over the will must be looked upon as a sign of cerebral disease. Besides, the memory-pictures cultivated by onanism may become imperative conceptions, and force the individual's sexual impulse into a perverse direction.

3. Excessive masturbation leads, also, especially where there has been premature awakening of the sexual instinct, to *spinal* and *general neurasthenia*, to *genital diseases* (pollutions, etc.), and to early *impotence*; it *injures seriously the mental*

[1] Tarnowsky, *op. cit.*, p. 58.
[2] Comp. Magnan, *loc. cit.*

development of the individual, and it may, with the occurrence of other accidental deleterious influences of slight importance *per se*, directly induce insanity.

B. Onanism in Persons of Hereditary and Neuropathic Predisposition.

As a rule, here it is practiced excessively, and in all cases it has the deleterious influence upon the nervous and mental condition of such patients mentioned under 1, 2, and 3. In accordance with the condition and age of such onanists the symptoms enumerated occur with increased intensity, lead to progressive loss of mental power, and hasten the outbreak of sexual psychoses.

Under some circumstances the diagnosis of onanism is attended with difficulties. Shame, ignorance, false notions, excessive anxiety, and the tendency to lie are often sufficient to vitiate the statements of patients. In many cases it is years before the parents have any suspicion of the child's vicious habit. In many families no attention is ever given to the matter, and, unfortunately, the number of patients who come to understand it only when they have reached years of maturity is only too great. A lady of my clientele, who had masturbated from her eighteenth year, reached the age of forty before a medical book, which accidentally fell into her hands, explained the matter to her. Another of my patients had practiced onanism eight years, and completely destroyed her nervous system, before the physician discovered the cause of her trouble.

Vogel,[1] Uffelmann, and Emminghaus think that, without exception, at a very early age children have an instinctive notion that self-abuse is wrong; for they practice it in secret, and a confession can seldom be obtained. Owing to the great prevalence of this evil habit, when there is anything suspicious in the conduct of the child, or where the mental development leaves anything to be desired, a most careful watch should be kept. The places where onanism is cultivated are schools, academies, prisons, and all places of confinement; and, too, the educational institutes for girls are not to be excepted.

[1] Comp. Vogel, Uffelmann, *loc. cit.*

Wherever children show a shy, dreamy, retiring disposition, and are slow in school and difficult to induce to rise betimes in the morning, the possibility of the existence of the habit of self-abuse should be entertained. Owing to the establishment of an automatic habit, many patients masturbate in sleep. In such cases the diagnosis has been made certain by discovery under such circumstances. One of my patients often awoke with her finger in the vagina. Spots of semen on the linen,[1] spots of blood on female linen, redness of the labia minora and the vaginal orifice, the occurrence of spinal pains and affections of the eye, fluor albus, etc., are important indices.

Grünfeld states that he has quite constantly observed hyperæmia of the colliculus seminalis. The usual symptoms are dark-red or scarlet coloring of the colliculus seminalis, with increase of its size and tenderness. According to Gyurkovechky,[2] onanistic excesses lead to flaccidity and anæmia of the penis and testicles, make the scrotum smooth, and, owing to relaxation of the muscle of the tunica dartos, cause the testicles to hang low. The meatus is reddened, the rest of the urethra pale, and the colliculus inflamed in various degrees.

The mental and physical peculiarities enumerated, and consideration of the symptoms referable to its results that have been given in detail, should make it possible to make a certain diagnosis of onanism.

The *prognosis* depends upon the health and age of the patient. Infrequent indulgence in onanism by healthy individuals may in all cases be overcome by natural sexual intercourse. Too, even where there is a habit of frequent indulgence in self-abuse in individuals of healthy constitution during the years of puberty, it is abandoned as soon as there is opportunity for hetero-sexual intercourse. Daily experience lends the best proof of this. The earlier the habit is begun, the more the mind has become implicated, and the longer and more frequently the practice of self-abuse has been indulged

[1] One of Dr. Franz Carl Müller's patients ejaculated in his stockings in order to escape detection. (Verbal communication.)

[2] Gyurkovechky, *loc. cit.*, p. 138.

in, the more unfavorable is the prognosis. But even patients in whom the vice has become instinctive have some prospect of cure when there is still a possibility of normal sexual intercourse. However, in relation to this, it must be remembered that in young girls this equivalent cannot be provided except by marriage, which does not always rest merely with the desire of the sufferers. Even with a neuropathic constitution there is some prospect of cure and improvement, as long as the neurasthenic condition has not reached the intensity of a psychosis. Where masturbation is to be regarded as the symptom of a psychosis, the prognosis depends entirely upon the fundamental disease.

The prognosis[1] of masturbatic insanity (paranoia masturbatoria), especially in elderly persons, is not very favorable, even though remissions do occur and tonic treatment is possible. However, even here cures have been reported. According to von Krafft-Ebing,[2] the prognosis of masturbatic melancholia is not unfavorable.

On the whole, therefore, the prognosis, in all cases where complete mental and sexual deterioration has not taken place, is decidedly favorable; for even in the worst cases considerable improvement is possible.

B. Satyriasis and Nymphomania.

Abnormal sexual desire is an intense disturbance in the domain of the feelings and the will, called satyriasis in men and nymphomania in women.[3] Von Krafft-Ebing regards this sexual symptom-complex as a part of a psychosis which rests upon a psychical hyperæsthesia (in hysteria, states of mental exaltation, and senile and paretic dementia). Here, too, the transitions from physiological to reckless expressions of the sexual instinct, with loss of all normal deterring influences, are gradual. Emminghaus[4] regards the immediate re-awakening of desire,

[1] Peretti, *loc. cit.*

[2] Von Krafft-Ebing, Lehrbuch der Psychiatrie, 3 aufl., p. 519.

[3] I follow, in the main, von Krafft-Ebing's exposition. Comp. **Psychopathia Sexualis**, p. 373, and Lehrbuch der Psychiatrie, p. 87.

[4] Emminghaus, Psychopathologie, p. 87.

after satisfaction of it, with pre-occupation of the entire attention, as abnormal.

In Magnan's[1] classification these symptoms belong to the second group,—*i.e.*, disturbances which originate in those sensory regions of the cortex which lie behind the central convolutions, where, according to this author, the zone of the desires and instincts lies, and which are influenced quasi-automatically by the genito-spinal centre as soon as the forebrain for any reason ceases to act. As examples, Magnan gives two cases of women suffering with extraordinary sexual excitement. One locked herself in her room to avoid the sight of men, who excited her desires to the utmost; the other, the mother of five children, driven by similar animal desires, would surrender herself on the first opportunity, and at last, in despair at her suffering, she attempted suicide.

Causes and Symptoms.—While married life bridles the desire, sexual intercourse with different persons increases it. The imagination creates sexual scenes which go on to phantasms of the senses with hallucinatory delirium. "Everything calls up sensual thoughts, and the lustful coloring of ideas and apperceptions is intense. Feeling and will are entirely under the control of the psycho-sexual excitement" (von Krafft-Ebing).

The man affected with satyriasis seeks to satisfy his desire at any price, and thus becomes dangerous. Here enforced abstinence[2] must be also regarded as a cause; it leads to neurasthenia, and may, with an increase of sexual desire, endanger the freedom of the will.

In animals, too, during the time of rutting, the procreative impulse overcomes all other desires and feelings, and, if it be not satisfied, leads to sexual fury and perverse acts. Thus, according to Lombroso,[3] nymphomania has been observed in cows, mares, hens, angora cats, camels, and spiders; satyriasis, in buffaloes, dogs, storks, and doves. At the time of the sexual

[1] Comp. Magnan, *loc. cit.*

[2] Von Krafft-Ebing, "Neurosen und Psychosen durch sexuelle Abstinenz," Jahrb. für Psychiatrie, Bd. viii, 1, 2.

[3] Lombroso, Der Verbrecher, p. 20 *et seq.*

erethism the animals are uncontrollable, and bite and kill anything that comes in their way; or they tear their own flesh, tear up the ground, etc. In dogs and monkeys onanism originates in this way.

Even violent sexual attacks upon immature animals, and sodomitic acts, have not infrequently been observed (for example, in large studs) as a result of unsatisfied sexual passion. Houzeau saw a cock attack an immature pullet. In Egypt, Lessona saw an ass perform sodomitic acts in the absence of a female. For the same reason, *faute de mieux*, sexual union occurs between the swan and goose, between the elk or buffalo and the cow, and between the dog and wolf.

Likewise in man, enforced abstinence may endanger the freedom of the will and lead to perversity in the sexual act. Thus, a case is known to me where a criminal, who had spent several years in prison, immediately after his dismissal raped an old woman of 73 years in an open field. A second case was one of my patients. He was neurasthenic and previously a masturbator, and he took a vow in a students' society to preserve his chastity, determined to abstain at any cost. After he had been able to restrain his sexual desires for some time, one evening libido came over him with all-conquering force, and clouded consciousness. He was unable to resist, and, in a confused state of mind, he followed the first prostitute he met. The result was that he had great moral anguish and fear of having infected himself; for he had performed the act without any precautions. The patient stated that he was beside himself while in this state, which resembled intoxication. A third case, in which impotence followed abstinence of five years' duration, is reported in Section II.

Tarnowsky[1] also refers the origin of satyriasis principally to sexual abstinence, especially under the influence of religious ideas. "For example, there is the confession of the Abbé de Cours, which was written by himself and published by Buffon.[2] After long struggles, fasting, and prayer, all women began to

[1] Tarnowsky, *loc. cit.*, p. 61.
[2] Buffon, Histoire naturelle de l'homme.

appear to him as if surrounded by electric light. Their glance made a confusing impression on him. Later, definite hallucinations occurred: he imagined that the governor of the court set all women after him in order to induce him to break his vows of abstinence. The visions of St. Anthony were much more remarkable than this confession" (Tarnowsky).

There may arise from satyriasis, priapism, perversity of sexual acts, exhibition, rape, lust-murder, or excessive and shameless masturbation. The genital erethism may occur in attacks, intermittently and periodically (Magnan).

Sexual hyperæsthesia occurs more frequently in women than in men. "The nymphomaniacal woman seeks to attract men to her by exhibition or lascivious conduct, and at the sight of a man she becomes intensely excited sexually, and satisfies herself by imitation of coitus or by masturbation" (von Krafft-Ebing).

Here, too, weak-mindedness is a condition which constitutes a favoring predisposition. Thus, Sollier reports: "Marie B., imbecile, aged 22; tall, of delicate build. She stutters slightly; she regards herself as sharper than any of her associates. When 13 she consorted with one of her father's servants, and since then she has associated very frequently with other men. She imagines that every man she sees, no matter what his social position, loves and wishes to marry her. She stands at the window and throws kisses to men passing. She practices masturbation excessively, and she becomes angry and excited when kept from seeking the men who happen to be in the house, in order to surrender herself to them."

One of my patients, at merely the sight or touch (pressure of hand) of a man, would become excessively excited sexually, and satisfy herself by means of ideal cohabitation or masturbatic rubbing with the thighs. For a long time the genital erethism occurred in attacks every morning,—once at my office. In spite of the presence of three male witnesses, she threw herself on an ottoman, and in hysterical convulsions masturbated several times before our eyes. In these attacks consciousness is clouded. "In women the intensification of sexual desire is expressed also

in shameless exhibition; in constant washing with water, saliva, and urine; in combing and undoing the hair; in the milder forms of self-adornment and flirting; in vacillation between forwardness and modesty or sentimentality; or in hand-squeezing, letter-writing, suggestive glances, etc." (Kraepelin).[1] The most frequent consequence of nymphomania is prostitution. Von Krafft-Ebing calls particular attention to the *rôle* of the sexual sphere in relation to physicians. Nymphomaniacal women desire gynæcological examinations, simulate retention of urine, etc. Post-menstrually, sexual desire is increased; and, according to von Krafft-Ebing, at such times in neuropathic individuals the excitement may attain a pathological degree.

In harmony with him, Neumann[2] holds the opinion that religious fervor and an inclination to indulge in religious devotions are to be regarded as clinical equivalents. "The religious idea of sexual union in the form of marriage; the relation of the Church and Christ, which is looked upon as that existing between the bride and groom; the period of puberty, when a state of feeling arising from indistinct sexual sensations is frequently expressed in religious enthusiasm; the history of the saints, in which are told the efforts to subdue the flesh; and the practices of certain sects, whose revivals and meetings often become terrible orgies, are proofs of the physiological and inner organic relations existing between religious fervor and sexual desire. Of the same nature is the impulse in maniacal virgins to make pilgrimages and do missionary work, or to become nuns or, at least, the servants of priests; and they commonly talk much of virtue and virginity"[3] (von Krafft-Ebing).

The relation of religion, lust, and cruelty von Krafft-Ebing[4] reduces to the following formula: "States of religious and sexual excitement, at the height of their development, exhibit a correspondence in quantity and quality of excitement, and therefore, under favoring circumstances, one may take the place

[1] Kraepelin, *loc. cit.*, p. 139.
[2] Neumann, Lehrbuch der Psychiatrie, p. 80.
[3] Von Krafft-Ebing, Psychiatrie, p. 89.
[4] Von Krafft-Ebing, Psychopathia Sexualis, p. 8.

of the other. Both, under pathological conditions, may become transformed into cruelty."

The diagnosis of this form of sexual hyperæsthesia presents no difficulties.

In relation to prognosis, what has been said concerning masturbation must be recalled; for the abnormal sexual desire may result from it, just as onanism may be symptomatic of hyperæsthesia; and, too, the fundamental psychopathic or neuropathic disposition must be taken into account.

CHAPTER II.

THERAPEUTIC SUGGESTION IN THE TREATMENT OF ABNORMAL INTENSIFICATION OF SEXUAL DESIRE.

THE close relationship of the various forms of onanism among themselves and with those of sexual hyperæsthesia (satyriasis, nymphomania, erotomania, etc.), and the similarity of therapeutic procedures in the groups of symptoms described in Section I, make it seem best to give, in a single chapter, a comprehensive description of the curative methods and the problems which meet the physician in the treatment of the various forms in which sexual excitement is expressed.

First of all, the cause of the sexual erethism, of the masturbation and its consequences, of the premature arousing of libido sexualis, must be removed. The most important duty of parents and teachers, and one which, unfortunately, through ignorance or false modesty, is neglected, consists in prophylaxis, —in a rational sexual education suitable to the process of sexual development.

In many schools and academies masturbation and vice are actually cultivated. To-day too little attention is given to the mental and moral condition of pupils. If the lessons are learned, the principal requirement is fulfilled. That many pupils are thus ruined in body and soul is never considered. With silly prudery the sexual life is veiled from the developing children, and not the slightest notice is taken of the excitation of their sexual instinct. It is thought best to leave all to nature. In the meantime nature rises in her might and leads astray (von Krafft-Ebing.)[1] With children strict and intelligent oversight is necessary, and when there are indications of commencing onanism or other signs of premature awakening of sexual instinct, energetic treatment should begin immediately, if possible under the direction of a physician educated in psy-

[1] Von Krafft-Ebing, Psychopathia Sexualis, p. 321.

chology, and capable of the employment of suggestion. The means for the detection of onanism, for the most part at least, have been made clear in the exposition of the symptomatology and diagnosis of masturbation. Fournier's[1] work also gives more details.

The children should be observed while at play, to ascertain whether they there give evidence of sexual excitement, and whether the manner of play corresponds with the sex. Thus, playing "papa and mamma" or "being engaged" may attain pathological significance. Preference by boys for girlish games and employments, and *vice versâ* by girls, may, with indulgence on the part of the parents, in further development lead to a change of character in the sense of contrary sexuality. A typical example of this kind is offered in the celebrated case of Count Sandor (alias Countess Sarolta V.). The father of the countess allowed her from childhood to go about in boys' attire, educated her as a boy, had her ride, drive, and hunt, and said to her: "Why, you are a man; with your energy, that is at once evident." Her tutor, Daniel K., most inaptly gave her sensuality a perverse direction. The child's mother had no influence in her education.[2] With full weight given to the hereditary taint, the mental weakness, etc., it still seems questionable whether the disease of the Countess Sarolta V., without these artificial influences, would have taken the same fatal direction.

The pathological importance of educational influence in originating such conditions will be later placed in the clearest light by numerous sad cases of contrary sexuality. In youth a cure, or at least compensation, may be most hopefully sought. At the first sign of puberty children should be taught to understand the sexual relations and the results of abuse. Their fancy should be supplied with pure nutriment, and the education at school should avoid those things mentioned above which may play the *rôle* of seducer. Where there is a perverse and neuropathic disposition great care must be exercised in order that the

[1] Fournier, De l'onanisme. 4th ed. Paris, 1885.

[2] Comp. Friedreich's Blätter für gerichtl. Medicin, 1891, Heft 1, p. 8.

development of the instinct be delayed as long as possible. Such experienced physicians as Moll[1] and Tarnowsky express themselves to this effect. Furthermore, separation of the sexes is to be avoided as far as possible, though the training must be devoid of all influences which lead to sexual excitement. Moreover, the relation of servants to children must be strictly watched. The cases in which infants who cry are quieted by genital manipulation are none too infrequent, as are instances of seduction of immature children to attempt coitus, onanism, etc.

The question whether indulgence in coitus is to be allowed in mature individuals has given rise to many conflicting opinions, which, owing to the importance of the subject, we cannot overlook. Several investigators, as Acton,[2] Beale,[3] Paget,[4] and Gowers,[5] contend that abstinence has no injurious effect upon the health. They permit sexual intercourse only in marriage. Augagneur[6] remarks: "In order to stamp prostitution as a crime under all circumstances, it is necessary, by unequivocal laws, to make sexual intercourse outside of the marriage relation a crime." Ribbing would combat onanism by hygienic, moral, and religious instruction. He has seen cases in which such individuals were really successful in overcoming their sad malady, "without resorting to a life of debauchery or marriage."[7] The same author says further: "Chastity harms neither mind nor body. Little as I should advise a Don Juan to give himself to onanism, I should be as far from attempting to cure onanism by means of debauchery." He pleads for the punishment of prostitution, but has to confess (p. 184) "that we are far from the state of nature, and have found no *modus vivendi* in accord with culture and its requirements." Forel,[8] who, in

[1] Moll, Conträre Sexualempfindung, 1891, p. 214.

[2] Acton, On the Reproductive Organs.

[3] Beale, Our Morality and the Moral Question, 1887.

[4] Paget, Cited by Beale.

[5] Gowers, London Lancet, 1889.

[6] Prophylaxe publique de la Syphilis, par A. Fournier, Paris, 1887, pp. 10, 11.

[7] Ribbing, Sexuelle Hygiene und ihre ethischen Consequenzen, Leipzig, 3 aufl., pp. 127, 131, *et seq.*

[8] Forel, "Einige Worte über die reglementirte Prostitution," Correspondenzbl. für Schweizer Aerzte, Jahrg. xix, 1889.

general, is an opponent of prostitution, allows that there are sexual neurasthenics who are intensely excited by pollutions, but who find relief in normal intercourse." Löwenfeld[1] confirm's Forel's experience with the observation that occasional interruption of customary regular intercourse has a deleterious effect upon neurasthenic conditions. Von Krafft-Ebing has shown, though it be with a series of cases that might be considered not entirely sufficient, that a state of general nervous excitement may arise as a result of repression of one of the most powerful instincts, and that in individuals of neuropathic predisposition enforced abstinence may give rise to danger of nervous and mental diseases.[2] Thus, continued sexual excitation without adequate satisfaction of it affects the health injuriously, as occurs not infrequently in marriages between elderly men and young women. As a result of the constant excitement and hyperæmia of the genital organs, without gratification, irritable weakness of the genital apparatus and its nerve-centres may ensue. According to von Krafft-Ebing, in predisposed individuals the results of abstinence are essentially the same as those of onanism.[3] Of course, very few men possess sufficient strength of will to come off conquerors in the conflict between sensuality and reason. The vast majority, when opportunity for normal sexual indulgence is not offered, fall into the vice of self-abuse or perverse gratification of the sexual impulse, thus choosing—if non-marital, but normal, sexual intercourse may be called an evil—the *greater* of two evils.

The entire process of development of the human organism tends to put the individual into the most favorable condition for the performance of the sexual functions. The conditions of life standing in opposition to a physiological need, to an instinct possessing the same justification and strength as the desire for food, can be of no possible use to the organism. of which medical experience offers the best proof. "The idea of complete health includes complete and regular satisfaction of all the

[1] Löwenfeld, *loc. cit.*, p. 17.
[2] Krafft-Ebing, Jahrbücher für Psychiatrie, viii, pp. 1, 2.
[3] Krafft-Ebing, Psychiatrie, p. 209.

needs of man, and that is the goal for which hygiene must strive, and not seek to stifle one of the most important functions of the organism, like the sexual instinct. The recommendation to voluntarily destroy any function like the idea of love is a subject for the fanatic, but directly opposed to hygiene" (Tarnowsky).[1]

As long as society is not in a position to offer to every mature individual satisfaction of the sexual appetite in some generally-recognized form, as in marriage, it is senseless to oppose non-marital sexual intercourse, and, in societies for abolitionism, to seek to cultivate absolute sexual continence. To combat prostitution with police regulations and laws is but a way in which to withdraw from medical and organized legal supervision immorality and contagious disease and transfer them to the family, as Tarnowsky, in his instructive work,[2] with the presentation of abundant evidence, shows. Forel,[3] likewise with resort to statistical material, makes an opposite statement. In his opinion, secret prostitution is neither so dishonoring nor so abnormal and dangerous as public prostitution.[4] The roots of this phenomenon, which is still especially favored by the constitution of modern social life, are to be sought in the varied intensity of sexual instinct; in the varying strength of the need to satisfy it; in the variation of power of resistance in different individuals to passionate desires; in physical and mental defects of development (therefore in defect of moral sense); and, finally, in poverty and ignorance. The limitation of the evil to a minimum, which seems to every one of any knowledge of the subject both desirable and attainable, with any prospect of relative success, can only be brought about through an inner reform of society; through correct education

[1] Tarnowsky, Prostitution und Abolitionismus, Hamburg, 1890.

[2] *Ibid.*, p. 31.

[3] Forel, Zur Frage der staatl. Regulirung der Prostitution (Bremerhaven und Leipzig, Lienken), 1892, p. 18. Unfortunately, I was unable to obtain, in time to use them for this work, the books recommended by Forel, "Fiaux, Les maisons de tolérence" (Paris, 1892).

[4] In the consideration of this question, the proportion of public to private prostitution in Berlin is important. While more than 5000 prostitutes are registered, according to police estimates more than 50,000 live by prostitution. Comp. Aerztl. Vereinsblatt, März, 1892, p. 93.

of the young and the ignorant; and through an increase of facility of marriage and amelioration of conditions of life. "For the more undeveloped an individual is, the more reckless he is in the gratification of his desires." We should institute a real sexual education, and lead the matured sexual instinct, by means of the preservation of rational indulgence, into paths devoid of danger; we should make needful concession to the natural impulse; and, thus, public vice, with its results,—the unlimited spread of venereal diseases and the increasing number of crimes against morality,—would be greatly diminished, and become more and more confined to the step-children of nature (those subject to congenital viciousness). But, more than all, the foundation would be removed upon which rest masturbation and the development of the sexual instinct in perverse directions.[1]

We might thus dispel the greater evil with the lesser; for it is nonsense to think of abolishing the evil entirely. The best cure for onanism and other manifestations of sexual hyperæsthesia—with few exceptions, there can be no doubt upon this point—lies in regular sexual indulgence. The condition of society to-day, of course, allows a man much more freedom and opportunity in this direction than a woman, with the unquestioned acknowledgment that his sexual desires are much more intense than hers. "In the highly-civilized state of the social life of to-day, woman in a sexual *rôle* and serving the social and moral interests of society can be thought of only as a wife" (von Krafft-Ebing). The aim and ideal of a woman is, and remains, marriage. For, as Mantegazza justly remarks, she demands not only satisfaction of her sensual desires, but also protection and maintenance for herself and her children. However, upon con-

[1] The Committee of Management of the Prussian Society of Physicians, in its meeting of December 13, 1891, in considering the question of prostitution, touched upon the subject of sexual education. There was no difference of opinion as to the fact that the sensual impulses which lead to non-marital intercourse can in no way be restrained by public police regulations. On this occasion, attention was drawn to Lassar's deserving work, who, in two articles ("Prostitution und Geschlechtskrankheiten," Hygienische Rundschau, 1891, No. 23; and "Die gesundheiteschädliche Tragweite der Prostitution," Berlin, A. Hirschwald), points teachers to the duty of having courage to teach developing youths and warn them against the dangers of infection. The committee appointed a commission to make a report upon measures for preventing the further spread of syphilis.

sidering the obstacles to matrimony which exist in the social relations of to-day, and which, on the one hand, make marriage impossible for many women; and upon considering the extraordinary dangers and disadvantages which attend all manner of unnatural sexual indulgence, must we not acknowledge that it is better, as Steinbacher[1] says, to give to the world the healthy fruit of a passionate love than, through sins against self, against nature and health, "in invalidism and misery, to stamp youthful years with the most repulsive mark of old age?"

The strength and intensity of the sexual instinct, like moral and physical individuality, are too various to make it necessary to give a general application to the foregoing statements. Such a misunderstanding might become a welcome license and cloak for all possible expressions of vice, and it would open the door to sensuality. While one, thanks to the inherent peculiarities of his organization, can easily practice abstinence, another is led to onanism, and, as a result of it, is utterly ruined if he has no opportunity for natural sexual indulgence. Only after the most careful study of the single case can it be determined how far and in what way the sexual appetite should be satisfied. From the stand-point of sexual hygiene, the principle of the weakest force must be as determinate here as in nature in general. Therefore, the chaste youth should exercise sexual abstinence as long as he is able to restrain the instinct without injury to his health. Should he be in danger, owing to increasing strength of his sexual impulse, of onanism, of falling a victim to satyriasis, or perverse sexual indulgence, then it becomes the duty of his teacher and his physician to cause indulgence in coitus and, too, to acquaint the neophyte with precautionary measures which will guard against excesses, infection, and the procreation of illegitimate offspring which, under certain circumstances (*e.g.*, with contrary sexuality), may be hereditarily tainted. Individual sexual capabilities should determine the frequency of sexual indulgence. It is impossible to fix a normal standard. Acton allows but one act of coitus a week; Martin Luther allows two; but, on the

[1] Steinbacher, *loc. cit.*, p. 85.

other hand, the Queen of Aragon recommended six sexual acts a day. "The Talmud directs one coitus a day for a man who is well and strong and not working hard; for mechanics, two a week; while students and laborers are to indulge but once a week."[1]

Concerning the advisability and injurious effects of so-called "preventives," opinions also differ. Gyurkovechky[2] allows that only those who have some idea of what it is to have "eight children and little bread" have any right to speak for or against the employment of such measures. A means which is much lauded, and used especially in France, for the prevention of conception (known by the name "fraudiren,"—coitus interruptus), consists in withdrawing the penis from the vagina immediately before ejaculation, which then takes place. In my opinion, there is no doubt that congressus interruptus is an act harmful to health. Peyer[3] saw fourteen patients suffering with spinal neurasthenia, spermatorrhœa, neuralgia testis, sexual asthma, cardiac palpitation, etc., resulting from it. At the instant of most intense excitement the ejaculation is voluntarily postponed as long as possible; complete retreat takes place with a great expenditure of physical and mental energy. "The action of the prostatic muscle and the bulbo- and ischio- cavernosus muscles is no longer natural, unobstructed, and energetic, but modified and weakened." In a woman, the sudden cessation of friction during the height of orgasm, before the feeling of ejaculation, with its consequent sense of satisfaction, has taken place, may induce disturbances of the nervous and sexual systems.[4] In contrast with this theory of Peyer and Bergeret, Gyurkovechky states that he has seen persons who bore this procedure well.

Of all the means for the prevention of conception, the condom seems relatively the least injurious for both parties; and it affords relatively the greatest protection against infection and pregnancy. Therefore, as does Gyurkovechky,[5] we can recommend to our patients a well-made, elastic condom.

[1] Comp. Gyurkovechky, *loc. cit.*, p. 88.
[2] Gyurkovechky, *loc. cit.*, p. 143.
[3] Peyer, Der unvollständige Beischlaf, Enke, Stuttgart, 1890.
[4] Bergeret, Des fraudes dans l'accomplisment des fonctions génératrices, Paris, 1884.
[5] Gyurkovechky, *loc. cit.*, p. 144.

In the foregoing, the fundamental features of sexual prophylaxis have been sketched in all its most essential points, in accordance with the principles of hygiene. To emphasize it again, the most important principle is, and remains, individualization. No prudery, no false modesty, should keep us from giving the same care and attention to the most powerful of natural instincts which everybody gives to other physical functions,—such as is given to nutrition! Whole libraries are written about appropriate and healthful diet, but there is hardly to be found a single book resting on a strictly physiological basis concerning the care of the sexual functions! Numerous popular and error-breeding works and the products of an extreme asceticism are the only substitutes that have yet been offered to youth seeking knowledge.

A sexual education which takes account of all the physiological needs, in all therapeutic measures directed against psycho-sexual disorders, is an important and indispensable part of the psychical treatment. The application of suggestion is for the physician an excellent means of methodically disciplining, in the most effectual and quickest manner, the patient's feelings in accordance with these educational measures. Above all, this is true in those cases in which psychical treatment in the non-hypnotic state progresses slowly or is ineffectual. For this reason, in this book, sexual education, as an important part of psycho-therapeutics, must be considered.

Before we pass on to therapeutic suggestion in its narrower sense, we may review briefly other customary methods of treatment, since it is often necessary to use combined means. Here we may limit ourselves to a review of the most necessary measures, with citation of several excellent works on impotence, neurasthenia sexualis, etc., which give other methods of treatment in detail.

We have an important aid in *hygienic measures.* The patients should lead a life tending to strengthen them. The diet must be nutritious and unstimulating, and digestion must be regulated. Meats must be taken moderately, and there must be great moderation in the use of alcoholics. Supper should be

taken three hours before retiring. Onanists should not sleep more than seven or eight hours, and they must be compelled to rise early. Persons who masturbate automatically in sleep are to be provided with appropriate mechanical devices for arms and feet to prevent the act, and the genitals should be protected with a proper bandage.[1] Above all things, the onanist must avoid solitude and have no opportunity to dream. The imagination must be given healthful food, and the patient must be usefully employed from morning until night. Rational gymnastic exercise and long walking tours lessen the excitability of the sexual centres. In addition, there should be massage, swimming, etc. In the choice of diversions, according to the individual, such things are to be scrupulously avoided as tend to excite the imagination to psychical onanism. First of all, the cause of the habit is to be removed: remedy a phimosis; obviate other conditions, induced by bodily conditions or external circumstances, which cause excitement, pruritus, etc. The results of onanism—spermatorrhœa, etc.—are to be treated locally.

Hydrotherapeutic procedures are to be recommended in almost all cases of sexual hyperæsthesia. Thus Caspar[2] recommends cold baths, followed by cold douches to the spinal column; also cold rubbing with wet towels. Prolonged warm baths have a calmative effect on the nervous system in cases of satyriasis and nymphomania. Concerning the use of sponge-, shower-, and douche- baths, and hip-, steam-, and sea- baths, compare Gyurkovechky,[3] Beard,[4] Löwenfeld,[5] and Winternitz.[6]

[1] For description of mechanical means for the prevention of masturbation, compare Fournier, De l'onanisme, Paris, 1875. This author gives a long list of devices; for example,—shirts that are closed in various ways, trousers or drawers without openings, etc. Mantegazza, Fournier, and Porro recommend the subcutaneous insertion of a ring in the prepuce (near the frenulum). The wound heals and the ring is allowed to remain. Mechanical irritation causes tension at the base of the glans, and gives rise to pain. Inflammatory œdema follows attempts at onanism, and attracts the attention of the parents. According to Mantegazza, the ring is applicable to girls. Here the ring must be inserted between the middle and superior third of the labia majora, so that the labia are brought in contact with each other by the ring at the point indicated. Compare Mantegazza, Die Hygiene der Liebe, 3 Aufl., Jena, Costenoble, p. 82. But no mechanical devices can overcome psychical onanism.

[2] Caspar, Impotentia et sterilitas virilis, München, 1890, p. 104.

[3] *Loc. cit.*, pp. 158, 160.

[4] Sexual Neurasthenia.

[5] *Loc. cit.*, p. 154.

[6] Die Hydrotherapie, 1879, Bd. ii.

Too, treatment with sounds, injections, rectal treatment, and, in females, irrigations and other local applications, may be necessary.

Various forms of *application of electricity* in the conditions which result from onanism, especially neurasthenia, are highly recommended by all authors in the form of faradization as well as of central galvanization (Beard and Löwenfeld). Almost every author has his own method, which may be learned by consulting the special works. Moll's work,[1] which lately appeared ("Is Electro-Therapeutics a Scientific Remedial Procedure?"), should be consulted; and also the controversy of Möbius and Eulenburg[2] concerning the *rôle* of suggestion in the application of electricity. Moll declares that, though he does not regard electro-therapeutics as a scientific remedial procedure, it is still the physician's duty, even though it be based only on empiricism, to use electricity in appropriate cases.

Among the articles of the materia medica, the various preparations of bromine have a calmative effect upon the genito-urinary system. Other known anaphrodisiacs are: belladonna, lupulin, camphor, opiates, and salicylic acid with prolonged use. On the other hand, cantharides, phosphorus, and atropine exert an exciting effect on the genitals; and for this purpose Hammond[3] recommends strychnia.

Psychical Treatment in the Non-Hypnotic State.—In the last part of this section we come to psychical treatment in general, in so far as it has not been considered with reference to sexual hygiene, and to therapeutic suggestion in its strict sense as the most important part of it. All authors that have written on onanism, sexual neurasthenia, etc., agree concerning the effect of psychical treatment. In the non-hypnotic state, with due consideration of the individual concerned, such treatment must first be in the direction of an explanation to the patient of the nature and the results of his disease. To convince the patient that he or she has become the victim of an abnormal,

[1] Berliner Klinik, Heft 41, November, 1891.
[2] Berliner klin. Wochenschrift, 1892, No. 8.
[3] *Loc. cit.*

dominating impulse, whether an onanist or a nymphomaniac,—that is, self-knowledge,—constitutes an important step toward improvement. The mistrust of the patient is to be removed and his hope awakened by analyzing his case for him. All exciting influences, like obscene reading, bad company, pornographic pictures, etc., capable of exerting a detrimental influence on the patient's imagination, must be avoided. An attempt must be made to win the entire confidence of the patient, to strengthen his self-reliance, and to overcome his erroneous ideas by repeated explanations and educational means. The patient must learn to control himself, to strengthen his will, and, by practice, gradually become master of his sexual impulses. The diversion of his attention plays a *rôle* the value of which should not be underestimated. Experience teaches that mere diversion of the mind, even during coitus, may overcome erection. Cases of impotence due to mental preoccupation are not very infrequent; it occurs with especial frequency as a result of intense thought on abstract subjects. Broussais[1] asserts that mathematical studies diminish sexual power. Grimaud de Coux[2] and Martin Saint-Ange recommended the study of mathematics as one of the most effectual means of repressing intense libido sexualis. These authors report a case in which a celebrated mathematician was always restrained from completion of the act of coitus by the sudden recurrence in his mind of problems of geometry or proportion with which he had been occupied during the day. Hammond[3] reports the same thing in the case of a card-player who, during cohabitation, always was seized with the thought of a technical manipulation of cards, which destroyed his sexual power. Active business operations make a large demand upon thought, and thus the sexual impulse is repressed.

Rosenthal[4] and Bernheim[5] speak in favor of the "larvated" form of psycho-therapeutics in the non-hypnotic state and for

[1] Cours de phrénologie. Paris, 1826, p. 783.
[2] Histoire de la génération de l'homme, Paris, 1847, p. 294.
[3] *Loc. cit.*
[4] "Ueber psychische Therapie innerer Krankheiten," Berliner Klinik, No. 25, 1890.
[5] Neue Studien über Hypnotismus, etc., Wien, 1892.

that form which excites pain. Such forms depend, for their effect, upon the excitation of ideas of cure, by means of intense sensory impressions, such as cold douches to the genitals, faradic penciling, or other instrumental procedures, and fright and fear (with children). The means used may be medical, mechanical, electrical, and religious[1] and mystical. The patient's thought with regard to the cure should be altered. The patient, though seemingly passively, in reality brings about the cure actively. A quiet demeanor on the part of the physician that invites the confidence of the patient, an understanding of the latter's individuality, and great patience are indispensable.

The principal means of psycho-therapeutics, in the non-hypnotic state, seem to gain more and more recognition, especially among such investigators as undervalue the effects of hypnotic procedures. The various mechanical and other remedial procedures, above alluded to, may unconsciously (without the knowledge of physician or patient) exert a suggestive influence,—a statement which the effect of the measures themselves does not controvert. Löwenfeld[2] believes that quinine, iron, arsenic, and the bromides, as remedial agents in obstinate cases of nervous weakness (of sexual origin), are effectual for the most part through suggestive effect; and he recommends static electricity as an excellent means of inducing psychical effects.

In the various forms of psycho-therapeutics, psycho-therapy by suggestion forms the most effectual remedial measure. It fulfills all the requirements of such treatment, and gains a more speedy and surer entrance into the patient's mind than is possible to any of the other forms. Therefore, it may be regarded as an abridged and condensed procedure possessing all the advantages of psycho-therapeutics. With von Krafft-Ebing, among the authors repeatedly mentioned in this work, Caspar[3]

[1] There is no doubt, in spite of numerous exceptions, that a strict religious education with many persons is an excellent prophylactic against sexual errors. Compare the brochures of Römer, previously mentioned.

[2] *Loc. cit.*, p. 152.

[3] *Loc. cit.*, p. 98: "I doubt not that suggestive therapy (in impotence and sexual disturbances) will give invaluable results."

and Löwenfeld[1] principally speak in favor of hypnotic suggestion in sexual neuroses.

Tessie's[2] remarkable experiment shows that erotic feelings can be awakened and removed by hypnotic suggestion. To an hypnotized subject he suggested: "The right ring-finger represents lust; the left, chastity. He awakened the patient without speaking, and then pinched the right ring-finger. At this the patient gradually became erotic, and he overcame the feeling by pinching the left ring-finger. Tessie forgot to remove this suggestion. The next day the patient presented himself, worn out and scarcely able to stand. The patient stated that the preceding day he met a friend who pressed his right hand, and a few minutes afterward he was taken with an overmastering desire for coitus. He noticed that this desire arose from the right ring-finger, which he had pressed many times during the twenty-four hours. Excited by this means, he had practiced onanism several times and had coitus several times during the night; and on the day on which he came to Tessie he had had several ejaculations, for on the way he had pressed his right ring-finger."

The physiological basis of therapeutic suggestion in hyperæsthesia sexualis is demonstrated by those experiments that show the possibility of voluntarily increasing and diminishing by suggestion vasomotor and secretory processes, as well as emotions, impulses, and mental affects. Dreams of a sexual content, which, as is well known, may induce ejaculations, may be called physiological auto-suggestions, and are analogues of the suggested dream in hypnosis.

Notwithstanding the insufficiency of the material at hand, the collection of previous experiences answers this question in the affirmative.

[1] *Loc. cit.*, p. 157: "In hypnotizable persons hypnotic suggestion is capable of the greatest service. In the case mentioned above, of a girl who, after abandoning masturbation that had been long practiced, suffered with occasional sleeplessness and greater sexual excitability, a single hypnosis with appropriate suggestions was repeatedly successful in giving sleep and freedom from sexual excitement for weeks at a time. Still, this patient was an excellent somnambulist, who could be placed in deep hypnosis in a few seconds. In other cases in which only slighter degrees of hypnosis could be secured, the results were not so brilliant."

[2] La France, 1889, p. 109, cited by Caspar, *loc. cit.*, p. 99.

Charles Richet[1] demonstrated that it is possible to induce ejaculation by merely awakening a belief that coitus is being performed. Sexual psycho-pathology, in ideal cohabitation, presents analogous examples of orgasm induced by auto-suggestion. Merely the direction of the attention to the performance of coitus, in association with lively images of sexual content, induces vasomotor changes in the genitals, as any one may demonstrate on himself. Purely as a result of idea, excitation of the dilators of the penis occurs, exactly in the manner that blushing and pallor are brought about by psychical impressions.

While without hypnosis the vasomotor nerve-centres may be intensely influenced by ideas, in hypnosis there is a marked increase in the intensity of this physiological manifestation, which may attain overpowering force. This occurs as a result of the removal or weakening of the regulating inhibitory mechanisms,—associative and opposing ideas. Natural reaction, *i.e.*, the transformation of idea into a certain form of movement, may take place with more energy and rapidity. Vasomotor effects induced by suggestion may, in certain persons, become so intense as to cause hæmorrhages, menses, etc. Forel[2] shows that it is possible to induce and prevent erection by suggestion, and that thus pollutions may be controlled. In the same way, the well-known physiological fact of the waking state that simply ideas, feelings, and impulses call up desires or inhibit them,—*e.g.*, appetite (at sight of food), thirst, joy, excitation of libido sexualis at sight of a woman, etc.,—is intensified in hypnosis. In an hypnotized woman I was able to induce the greatest expressions of joy by suggestion, and at the height of the emotion change it by the same means to the opposite extreme of feeling, *i.e.*, to sadness with passionate weeping. In a similar manner, we may affect the psychical part of the sexual mechanism more easily and enduringly in hypnosis than in the waking state.

The memory-pictures, which in all psycho-sexual patients are influential in inducing sexual feelings, may be weakened in

[1] Moll, Der Hypnotismus.

[2] Forel, Hypnotismus, 2 Aufl., Enke, Stuttgart, 1891, p. 56.

their effect or rendered impotent by suggestion. In onanists, for example, we may successfully suggest repentance and open confession (*e.g.*, in hypnosis to control the statements made in the waking state), and thus successfully oppose their weakness of will, in so far as it does not arise from deep, inherited constitutional conditions. The impulse to self-abuse, or the pathological impulse to homo-sexual intercourse, may have become a habit which imperatively and unconsciously controls the patient, he being unable to resist it. In such cases we must strive to combat the pathological auto-suggestion in accordance with its manner of origin, for habit is to be regarded as auto-suggestion. The ideational excitant imparted in therapeutic suggestion must be intensified by repeated hypnotization, until it acts automatically from the brain and has become a habit. Through consequent discipline it finally becomes a habit having the same force as the pathological auto-suggestion, and thus compensates the central pathological excitant. Unfortunately, hereditary disposition sets a limit here also which therapeutic efforts cannot pass. In correct and skillful use of ideas induced in hypnosis lies the power of suggestion as a pedagogic aid. In the same way we are able to effectually combat the pathological results which manifest themselves in neurasthenic symptoms and alterations of the normal subjective feeling.

The nearer the anomaly approaches actual mental disease, the more difficult the physician's task becomes. The disturbance of attention makes hypnosis impossible, and the influence of the operator, unfortunately, is not always sufficient to equal the power of the auto-suggestions which in many patients arise from organic conditions. As we have seen from the foregoing consideration, the ideas implanted in the brain during hypnosis correct the disturbances of the sexual life, the causes of which in a great number of cases are psychical, and the secondary results of which manifest themselves in symptoms of functional weakness of the nervous system; or the psychical factors play the principal *rôle* in the disease. In comparison with other indirect remedial measures, we may characterize therapeutic suggestion in manifestations of sexual hyperæsthesia from

psychical causes as the most direct remedial measure, and one which attacks the evil at its root. In cases of onanism no other method of treatment can be compared with therapeutic suggestion in rapidity and certainty of action; psychical therapeutics in the waking state often does not succeed where hypnotic suggestion is successful. Since onanists are, as a rule, children, it is very easy to see that the categorical command of the suggestive impulse, owing to their sensitiveness to hypnosis, is much more effectual than the circumstantial procedure in the waking state. Besides, the latter method, in the matter of self-knowledge, strength of will, etc., makes demands upon the juvenile mind which reach beyond the mental horizon and ability of many children. After these theoretical considerations there can no longer be any doubt that psycho-therapeutics by suggestion is destined in the future to play the principal *rôle* in the treatment of onanists, while former methods of treatment are to be employed only for the sake of completeness.

In a more limited sense, the same is true of satyriasis and nymphomania in their milder forms; severe cases and those due to organic conditions are to be treated in asylums as cases of insanity, where in such cases suggestion may also possibly prove of benefit. Practical experience fully confirms our opinion based on pathogenesis.

CHAPTER III.

CASES ILLUSTRATING THE SUGGESTIVE TREATMENT OF SEXUAL HYPERÆSTHESIA.

TWENTY cases from the experience of others and myself follow, which, with the exception of Case 9, are published together for the first time from the manuscripts of the authors. The grouping of the cases corresponds with the foregoing classification.

ONANISM BY MEANS OF TACTILE IRRITATION.

(Cases 1 to 16,—1 to 9 by other authors; 10 to 16 by the author.)

Case 1. *Onanistic Inclinations in a Child Overcome by Hypnotic Suggestion, without Relapse. Reported by Dr. Liébeault, Nancy.*—L., a boy aged 3, in July, 1887, was cured of his onanistic inclinations in three sittings. He passed into light sleep. In September, 1888, relapse. I cured him of his vice by suggestion in eight sittings. According to his grandfather's statement, there has since been no relapse.

Case 2. *Onanism in a Boy Cured by Hypnotic Suggestion. Reported by Dr. Liébeault.*—Another boy, aged 7, passed at once into somnambulism, and in five sittings was cured of his onanistic tendencies. He has not been brought for treatment again; hence, I hold his cure to be lasting.

Case 3. *Masturbation and Enuresis Nocturna in a Girl Cured by Hypnotic Suggestion. Reported by Dr. Liébeault.*—A., aged 8, female, masturbated by touching the genitals with her hands from early childhood, and suffered with enuresis nocturna. After three hypnotic sittings (somnambulism) the evil habit and the enuresis disappeared. Has she relapsed? I have heard nothing of it. Still, to avoid relapse in such obstinate cases, from time to time they should be treated by hypnosis as a prophylactic measure.

Case 4. *Onanism and Chorea Improved by Suggestion. Reported by Dr. Liébeault.*—X., a boy aged 9, was seduced to onanism by an old woman. He was also subject to choreiform movements. Suggestive treatment improved him from sitting to sitting. Unfortunately, the treatment was interrupted, and I could not learn whether he was completely cured.

Case 5. *Unsuccessful Hypnotic Treatment of a Weak-minded Onanist. Reported by Dr. Liébeault.*—B., a young man aged 30, became weak-minded at the age of 12, and had masturbated for years. In spite of all

treatment, he continued the vice. At the first attempt at hypnosis he passed into deep sleep. Notwithstanding the fact that for months I daily subjected him to treatment by suggestion, I obtained no result.

Case 6. *Masturbation in a Girl Cured by Suggestion. Reported by Dr. Wetterstrand, Stockholm.*—A girl aged 26, school-teacher from the province, was given to masturbation from childhood. In three weeks of treatment she was cured by hypnotic suggestion. W. could not ascertain whether she had since married.

Case 7. *Temporary Improvement by Hypnotic Suggestion in a Boy, Predisposed by Heredity, Suffering with the Habit of Onanism. Reported by Dr. Bernheim, Nancy.*—A child aged about 8, Russian, was brought to me by his mother three years ago. The boy had masturbated for years. This tendency was probably hereditary; for, as a mature man, his father was unable to overcome this evil habit. The child was pale, seemed lymphatic and nervous, and had been badly trained. It was easy to produce hypnosis deep enough to leave no memory of it after waking. But during the hypnosis he threw and turned himself about. Quieting suggestions were without effect. I treated him three or four weeks continuously. During this time he seemed to have abandoned his habit; at least, his mother, who watched him carefully, noticed nothing. But after interruption of the treatment he renewed his habit. All medical, hygienic, and other treatment remained futile.

Case 8. *Lasting Removal of Habitual Onanism by Hypnotic Suggestion in a Boy. Reported by Dr. Bernheim.*—X., aged 8, a pupil at Bar-le-Duc, was brought to me by his father, April 9, 1891, on account of habitual onanism, which he had practiced for three years. A boy of 16 had taught it to him. Seven months previously his parents had discovered his vice. They surprised the child *in flagranti*, while he was apparently sleeping in bed. The boy masturbated as often as five times in a night; as a rule, three times, and as often during the day. Ejaculation began in the preceding October. Many methods of treatment had been tried (bromides, threats, baths, removal of all excitement, etc.). For three months he had drunk only water. Nothing had been successful. The child seemed very intelligent, obedient, and well trained. For two months it had been noticed that his mental powers were failing. Since then he had not been sent to school; for, in spite of the watchfulness of the teacher, he masturbated. Still, the patient had a desire to be cured. But the passion was stronger than his will, which was powerless. According to his statement, the act was performed in sleep at night involuntarily. Whenever he desired to enter the closet, he requested his father to accompany him, since, otherwise, he could not withstand the temptation to masturbate. Aside from rötheln and scarlet fever, X. had had no diseases. He had never shown symptoms of nerv-

ousness, and was devoid of nervous heredity. At the first sitting, on April 9th, I placed him in deep sleep, with amnesia on awaking. I suggested to him that neither by day nor by night was he to have a thought of touching himself, and that he would be able to withstand all temptation. I repeated these suggestions every day until the 23d of April. From the first sitting the child continued cured. The thought to masturbate did not occur again (according to his own statement). April 11th he weighed 44½ pounds; on April 13th, 45 +; April 16th, 46 +; April 21st, 47 +. Before his departure, I suggested to him to write me concerning the duration of his cure. I received a letter dated May 23d. The cure remained lasting. At that time he had gained slightly in weight. Some months later I met the family physician. According to his statement, the cure had continued lasting. The child, previously shy, and who would never look at the doctor, then met him without embarrassment, with open mien and a good conscience.

Case 9. *Moral Perversity (and Onanism) Cured by Hypnotic Suggestion. Reported by Dr. Aug. Voisin,*[1] *Paris.*—A boy, aged 16, was brought to me June 9, 1888, with the desire that I cure him of evil instincts by hypnotism. At the age of 13 he had tetanus. Since that time he had suffered with nystagmus and had stuttered; but before that, and since his sixth or seventh year, his evil peculiarities of character had made him unendurable. He lied, stole, was disobedient and vicious. His evil instincts had grown worse from year to year. In several schools he could not be endured. All efforts of his mother to improve him were vain. It was impossible to get him to take the first communion. Of late years he had stolen more frequently, and led a vicious life. He stole from his mother in order to run after girls. Onanism in him was a passion to which he gave himself in the same room with his mother without shame. He imagined that he loved evil, and stated that he felt no remorse. His parents consulted a great number of teachers and priests without effect.

The discipline of the houses of correction was too weak for him. Finally, I was consulted in the matter.

At the first examination, the existence of convergent strabismus of the left eye, nystagmus, and stuttering was ascertained. Ears, hands, and feet normal. No tumefied glands; no bronchocele. The tongue was deflected to left when protruded. He read only with difficulty, and had but an elementary knowledge of geography. Memory good, on the whole.

June 9th, first hypnotic treatment. Fixation of a shining ball that was hung over his head, in connection with sleep-suggestions, induced hypnosis in the fifth sitting. After the occurrence of sleep I began to combat the tendency to steal and to change his character by suggestion.

[1] Dr. Aug. Voisin, Médicin de la Salpêtrière, "Un cas de perversité morale guéri par la suggestion hypnotique," Revue de l'hypnotisme, 1888, p. 190.

After the first sitting he ceased to steal, and his character underwent a favorable change. The treatment was continued every third day, and the suggestions were directed in turn against his vicious character, his evil instincts, onanism, and his immoral habits.

July 6th the young man was like a different person. All thought of doing evil had disappeared and given place to the best principles. His disobedience and incorrigibility gave place to a desire to be pleasant to his mother. So to speak, he was no longer the same young man, and he expressed to me his delight at the change.

On October 20th, after absence of six weeks, the cure continued, though there had been no treatment in the interval.

The further continuance of the cure and the fact of a complete inner transformation were confirmed by a letter to Dr. Voisin, based upon observation, which was written by a former teacher of the patient after his discharge.

The foregoing case seems to me worthy to be reported, because the onanistic tendencies are to be regarded as a symptom of the boy's character. With the successful and lasting change of character the root of the evil was removed. This remarkable result offers hope to such unfortunates in whom masturbation is favored by hereditary predisposition.

Case 10. *Personal Observation. Successful Hypnotic Treatment of an Onanist in Three Sittings.*—V., aged 14, pupil of a foreign school, was sent to me, April 20, 1889, with a letter from his mother. Parents healthy; V. had had no severe illnesses; moderate left inguinal hernia; truss. Genitals normally developed. Patient is suspected of masturbation, and after rigid questioning he confessed his vice. For a year or two he had practiced it frequently (seduced to it). Unfavorable effect on the nervous system. Remarkable and increasing dullness in school. Sleepy, inattentive, dreamy, etc.

During his stay of nine days in Munich the patient could be hypnotized only three times,—on April 22d, 24th, and 27th. He passed into somnambulism; suggestions to remove his vice. During the treatment the patient made no attempt to masturbate. He stated that he felt disgust, and promised me repeatedly to masturbate no more.

April 28th he returned to school. After the three sittings I could only discharge the patient as improved, the more because it was clear that the unavoidable stimulus of seduction would still influence him. I called the attention of his relatives to the probability of relapse, and explained that a perfect cure might be obtained by frequent regular repetition of the procedure, together with strict control of the patient.

In September, 1891, I learned that further treatment of the patient for his vice had not been necessary. Influenced by the psychical treatment in 1889, probably, he had entirely abandoned the evil.

Case 11. *Personal Observation. Temporary Improvement, Lasting Six Months, of an Onanist by Hypnotic Treatment.*—Patient aged 18, without hereditary or pathological antecedents. Given to onanism since his thirteenth year; masturbates daily, usually mornings. He rises late, has no desire to work, and suffers with pressure in the head and pain in the back. Dreamy; memory weak. He had fallen behind in school. Depressed state alternating with causeless intense excitement (violent outbursts of anger). Patient was first hypnotized on February 18, 1889. Complete hypotaxis. Cataleptic symptoms. Energetic suggestions to give up the abnormal impulse and satisfy his desires with women. Up to March 11th, masturbation but once (previously daily).

Gonorrhœa from second coitus, which was cured by injections and bougies in the course of the following weeks. Up to May 20th the patient was hypnotized twenty-six times, at first daily, then two or three times a week, and finally every week or fortnight.

On May 20th the patient was discharged as essentially improved. The complaint mentioned had disappeared entirely of late. Mood agreeable. No onanistic relapses, but from time to time normal cohabitation. He stated that family circumstances made it very difficult for him to satisfy his libido regularly. After six months the patient reported that he was well. On my last inquiry (two years after) he reported that he had relapsed.

This relapse cannot alter the fact that a decided improvement was brought about by the treatment in 1889. If the patient and his relatives did not take pains to carry out proper sexual hygienic measures and provide prolonged medical control, the relapse can only be ascribed to this failure; the result of therapeutic suggestion is not altered by it.

Case 12. *Personal Observation. Lasting Cure of an Onanist by Hypnotic Suggestion, and his Preparation for Examination by Suggestion.*—B. S., medical student, aged 20. Parents and other members of family healthy. No diseases except measles and chicken-pox in early childhood. Moderate skolio-kyphosis due to rachitis treated surgically. Sexual desire began in his twelfth year; gratification of it since that time by masturbation, as a result of seduction. Patient had never felt the need of hetero-sexual intercourse. Though this constituted the content of his sexual imagination, he had never had the courage and self-confidence to substitute coitus for onanism. The patient still masturbated at least three times a week. For a long time S. had noticed the injurious effect of this sexual condition upon his nervous system. Great inclination to dream, languid appearance, retiring habits, anxiety. Great lack of energy and diminution of mental activity. S. often remained in a doze mornings until 11 o'clock, and, as a rule, rose late. Remarkable inattentiveness and mental weakness, which had made itself felt very unpleasantly in the preparatory studies he was making in the face of

his approaching medical examination. He looked forward to the examination with anxiety, convinced that he could not pass it. The patient was very easily confused, and had lost self-confidence. Great timidity. He consulted me not about his onanism, but to have his courage and confidence strengthened for the examination by suggestion. In other respects the patient presented no noteworthy physical or mental abnormality.

June 17, 1891, first hypnotic attempt. In spite of unconscious resistance to the suggestive sleep, in a few minutes he passed into the second stage (Forel), catalepsy, with inability to interrupt it voluntarily. Complete hypotaxis, but consciousness retained.

Suggestions: 1. Repugnance for onanistic manipulations. 2. Inclination for coitus and complete faith in its successful performance. 3. Indifference about the result of the examination; perfectly-clear head during it, and the presence in mind of knowledge acquired. 4. Post-hypnotic feeling of well-being.

June 18th S. joyfully told me that the previous day he had ventured to attempt coitus for the first time, and had succeeded perfectly. No thought of onanism since. Increased self-confidence and belief in the cure.

Repetition of the treatment and suggestions of June 17th.

June 19th, three hypnotic sittings. No onanistic inclinations. Voluntarily the patient gave me his word of honor that he would never masturbate again, and set out for Austria to take his examination at a provincial university.

June 26, 1891, he wrote in a letter: "It is my pleasant duty to inform you that your efforts in my behalf were crowned with the best results to-day. I passed my examination *with distinction*. For this I have to thank only your excellent application of suggestion; for what you suggested to me was fulfilled perfectly: I had a clear head and not the confusion which had previously hindered me in study and recapitulation of what I had learned. Since I had studied much, and, owing to the suggestion, was certain of being able to apply what I had acquired at the proper place, I went to the examination with a feeling of indifference. By such a result my faith in hypnotism was greatly increased. As for my former vice, I can assure you that, since I had the honor to be treated by you, I have not masturbated and have felt no desire to do so. I now have the best prospect of inducing my chamber-maid to accede to my desire. We kiss each other, etc. I mention this merely to show you that in this direction the suggestion has had the greatest success. With very kind regards, I remain, most respectfully, your ever-grateful patient."

Early in August, S. again presented himself. He had not masturbated again. He was better physically and mentally, and from time to

time was accustomed to visit the *demi-monde* to gratify his lively sexual desire. I think I may regard the patient as *cured* of onanistic tendencies.

The hypnotic treatment, owing to the youth of the patient, undertaken sufficiently early, removed in only three sittings the fully-developed masturbatic excesses that had existed for seven years. Besides, there was the remarkable influence of suggestion upon the mental condition of the patient during his examination.

It seems very questionable whether psychical treatment in the waking state (which, as Rosenbach[1] has shown in his instructive work, must, as a rule, avail itself of indirect methods,—medicaments, mechanical and electrical means) would have been attended in the foregoing case, in the same brief period, with a similar prompt result. To overcome a man's one-sided thought and feeling, that had been habitual for seven years, by means of awakening hopeful ideas and persuasion, would at least be much more tedious than to remove the injurious associations by means of hypnotic suggestion, even if the first method were possible in a medically-educated skeptic.

Case 13. *Personal Observation. Successful Suggestive Treatment of an Onanist.*—H., aged 24; mother gouty, father nervous. A paternal great-uncle a drinker; other members of family healthy. At the age of 8 patient had typhoid fever, and was nervous after it for two years. The patient learned to masturbate as a result of itching of the genitals induced by a superficial sore on the prepuce. Touch induced erection, and further friction ejaculation. The patient is very powerfully built, tall, and, aside from phimosis, presents no abnormalities or anomalous symptoms.

For two years he masturbated daily, and during the act thought of coitus with a lady to whom he was attracted. Masturbation was always accompanied by the same idea. Unfavorable effect on the nervous system. The patient likes to lie abed late dozing. Memory and understanding suffered. Headache, loss of energy, depression, irritability, and pressure in back of head were added. The neurasthenic troubles hindered his studies. Since learning its meaning, onanism was less frequent, at times only three or four times a week. In a students' society he had taken a vow of chastity, and he had numerous inward struggles between moral thoughts and sensual excitement.

Owing to the fact that his ability to work had diminished during the last two months, he had taken an antineurasthenic hydropathic cure, by which his general condition had been improved. But his onanistic tendency is unchanged. During the last week he had masturbated three times; pollutions occurred at night once or twice a week.

[1] Comp. "Ueber psychische Therapie innerer Krankheiten," Berliner Klinik, July, p. 23 (Fischer, 1890).

On the evening of November 20th, when a prostitute addressed him, his sensual excitement overmastered him as never before, overcame his resolutions, and clouded his brain; so that, as if "drunk or in a dream," and devoid of will, he followed her and had coitus for the first time. When he awoke from his dream, severe self-accusation, remorse, fear of infection. On the morning of the 21st H. consulted me to learn whether he had been infected. The psychical impressions left by the events of the day before were so strong that at the examination the patient sank into a chair, almost fainting and disheartened. Encouraging words and explanation of the sexual relations quieted him somewhat. The patient then came under my treatment, which consisted of three measures: (*a*) operation for phimosis; (*b*) antineurasthenic therapy; (*c*) removal of onanistic inclinations by suggestion.

I began with *c* on November 24th, after I had explained matters to the patient, considering his religious convictions and scruples of conscience. The duty of the physician required him to warn against onanism; normal intercourse performed with prostitutes, with measures against infection, was the lesser of two evils, but the physician had no right to oppose the patient's moral principles by recommending coitus. The patient, therefore, must struggle against his sexual instinct, and the struggle could be lightened by hypnotic suggestion; if, however, the patient could not thus overcome it, coitus was to be preferred to masturbation.

November 24th, first hypnotic attempt. Deep somnolence (stage II). Imperfect memory. Suggestions against onanistic thoughts and depression. Strengthening of self-confidence and resistive power by suggestion. Excellent result. After hypnosis and during the following days the patient felt well and had no inclinations to onanism. Spirits raised.

Repetition of the procedure on November 28th and December 1st. The patient passed at once into somnambulism.

December 30th, operation for phimosis. My intention to perform it during hypnosis was not carried out, because the patient was too excited. In all the patient was subjected to twelve sittings; was discharged toward the end of January, 1892, as cured. Up to that time it had been unnecessary for him to repeat coitus. He has been under observation, and there has been no relapse so far.

Case 14. *Personal Observation. Onanism and Neurasthenic Troubles. Lasting Cure by Suggestion.*—N., aged 28. Father drinker, uncle and brother contrary-sexual, sister hysterical. Neuropathic disposition due to hereditary taint. Patient stated that since his twentieth year he had had pulmonary hæmorrhage five times. Until three years ago he had lived abroad, where there had been small opportunity for hetero-sexual intercourse, on account of the small number of women and the diseases

among them. He recovered from his pulmonary affection, and after his twentieth year gave himself to masturbation, as he said, *faute de mieux*, from enforced abstinence. Since that time—for eight years—he had masturbated several times a week; habit continued. According to his statement, severe mental strain attending disappointed affections, together with the psycho-sexual anomaly, had essentially contributed to the development of the present state of nervous exhaustion. The patient had become conscious of his abnormal condition about a year before.

Mental depression with melancholic paroxysms of weeping, bodily weakness, no desire to work; feeling of lack of energy especially noticeable; inability to complete any work; want of pleasure in life; thoughts of suicide; avoidance of people; moodiness; inclination to hypochondria; spinal irritation and headache following masturbatic excesses. There was an unconquerable fear of hetero-sexual intercourse; last coitus performed nine years before without functional disturbance, but with embarrassment.

Patient of delicate constitution, well nourished, of medium size. Thorax well developed. Right supra-clavicular groove somewhat sunken. Percussion and auscultation afford no indication of existent lung disease. Heart-sounds pure; cardiac dullness normal. Genitals of medium size; phimosis. The prepuce cannot be completely retracted without pain, and this is an obstacle to the performance of the sexual function.

Appetite, digestion, and sleep good; but rising early in the morning requires much resolution. Wakes frequently with erections, which lead to onanism. Masturbation twice during the last week.

The patient has great faith in hypnotic treatment, and wishes to have his desire for work and his sexual function restored by suggestive treatment.

From November 3, 1890, he is treated daily. He passes into the second stage, hypotaxis and suggestive catalepsy. Gradual deepening of hypnosis. The patient remains in the hypnotic state about half an hour, and passes gradually into natural sleep. Suggestive removal of the symptoms and the inclination to onanism. Repetition of the influence upon the feeling and the desire to work.

November 14th, operation for phimosis; wound healed at the end of the month.

In spite of the removal of the obstacle, there is still a certain reluctance to perform coitus. Still, gradually, through suggestive treatment, it became possible to induce the patient to make several successful attempts (during the first part of December). Besides, the patient, from the first day of treatment, began to employ himself in mental work with exact regulation of hours. Gradually the sense of pleasure in

work came as a result of the suggestions. The onanistic tendencies were at first successfully fought against, and then they became less frequent. The gloomy thoughts disappeared.

December 18th the patient departed, and, as the most important result of thirty-eight hypnotic sittings, there was an essential inward change in the patient. He masturbated no more, and began to take pleasure in hetero-sexual intercourse. He took up a regulated occupation without injurious influence on his nervous system. The depression disappeared, and there were no more physical complaints. On December 15th rheumatism of the right shoulder was overcome in two hypnotic sittings. N. also believed that he had gained in resistive power, for he was able to endure quietly a very painful misfortune; in his opinion, the same misfortune previously would have been the source of violent emotional excitement.

The patient went home delighted with his unmistakable improvement. After his return, on January 27th, at his desire, the treatment was resumed to change his improvement into an actual cure. Though the sexual act is successful, still the patient has no desire for it; and the satisfaction it gives, notwithstanding complete erection and ejaculation at the proper time, is not like that afforded by onanistic manipulations,—an observation which has been made by experienced physicians in women.[1]

Up to March 9th the patient was subjected to thirty-two more hypnotic sittings, with the most favorable result on his general condition. During this last period he performed coitus twice weekly, as a rule. He was no longer troubled with onanistic inclinations. Finally, satisfaction in the sexual act and libido sexualis came up to the patient's desire. In spite of my advice to be careful, he gave himself up to the pleasures of the carnival, and during the month of February had headache removed by suggestion three times. The headache was referable to carousing all night.

March 9th I made the following entry in my journal: "Ideas opposed to coitus have entirely disappeared. Libido and satisfaction perfect. Embarrassment, shyness, and melancholic tendencies no longer present. Desire for work and pleasure in life have returned. Onanism overcome; spinal irritation removed. Migraine occurs only after especial excesses. The nervous system is strengthened, has resistive power, and the patient is now fully able to follow his occupation and conclude a marriage which he desires."

He is to be regarded as *completely cured* of his onanism; on the other hand, with reference to his neurasthenia, considering his hereditary neuropathic disposition, I can regard him only as ***relatively cured.***

The patient returned home March 9th.

[1] Comp. Dr. Lahmann, "Ueber Onanismus beim Weibe als einer besonderen Form von verkehrter Richtung des Geschlechtstriebes," Therapeut. Monatshefte, April, 1890.

Although, in the foregoing case, hypnosis was repeated seventy times, there were never any injurious effects observed: no loss of resistance to external influence, no spontaneous hypnosis, no breaking up of the personality (Benedikt); on the contrary, the patient, who had been shy, languid, devoid of energy, and without pleasure in work, became a happy, industrious man, energetic, and with normal sexual functions, which gave him physical and mental equilibrium and made him capable of resuming his place in life.

In this case suggestive therapy did all that was possible. Whether the patient's congenital condition,—the neuropathic disposition,—which in itself is unalterable, and the tendency to pulmonary disease will again lead to a renewal of symptoms remains to be seen. Thus far, we can only say that, according to the patient's reports, up to the present time he follows his occupation industriously.

Case 15. *Personal Observation. Successful Suggestive Removal of Imperative Sensations Due to Onanism.*—G., male, aged 26. Paternal grandfather drinker; maternal grandparents died of tuberculosis. Mother neurasthenic, timid, easily excited. Father, brother, and sister healthy. Father's relatives subject to heart disease. In childhood patient had measles and pleuritis, and later several attacks of fever (malaria?). G. is robust and strong, and weighs 200 pounds. Greatly developed panniculus adiposus. Heart and lungs without demonstrable disease. G. presents an hereditary neuropathic constitution. According to his autobiography, as a child he was easily excited and remarkably irritable, and was eccentric. From his twelfth to his fourteenth year he masturbated several times daily, without noticeable unfavorable effect on his physical health. On the other hand, the onanistic excesses seem to have been the exciting cause of development of psycho-neurasthenic symptoms; for since that time the patient's memory had grown remarkably weak, and he had lost energy. As a child shy and retiring, he now kept more and more to himself, and his timidity often became the object of joke by his companions. A book on "self-protection" explained to him the injurious effects of onanism, and he abandoned the vice. G. gives the impression of an apathetic, weak-willed man, devoid of self-confidence. Without advice, he gave himself to the study of medicine. In spite of his fourteen semesters, he is still a diligent student. Two years and a half ago, after nine semesters, he passed the *physicum*. He is constantly troubled with the knowledge of having been left behind by his com-

panions, and avoids, as far as possible, his former comrades, who have become practicing physicians. He has also abandoned his best friends. He likes best to take long, solitary walks, and, without thinking more deeply of his fate, lives, as he expresses himself, "*Tag für Tag ins Blaue hinein.*"

He has no desire for sexual intercourse, but from time to time he performs coitus normally, in order to prevent pollutions, which otherwise are frequent (three weekly). He is potent or impotent according to the mental condition at the moment. Physically, the patient complains that on the slightest excitement he has cardiac palpitation and outbreaks of perspiration. At school he was timid and blushed whenever his name was called. These imperative states of anxiety are at present prominent in his trouble. When he is called upon by one of his clinical teachers to examine a case, this feeling of anxiety overcomes him, so that he feels paralyzed and wholly unable to answer or even to leave the auditorium. Owing to this, the patient has not been able to obtain the eight certificates of practice necessary to allow him to take the State examination. He has put off this duty from semester to semester. At the present time (June) he has the alternative of losing a year or of overcoming the impediment during the last month (July) of the semester.

This painful position, which makes G. incapable of doing anything and brings his future in question, induced him to consult me on June 22d.

June 25th, first hypnotic attempt (method of Bernheim-Liébeault). G. passes into the second stage,—*i.e.*, in spite of retained consciousness, he is unable to resist the suggestions. Suggestions: (*a*) After waking, you will ask me for a cigarette. (*b*) You must obey unconditionally the next call to "practice," like an automaton, and will be unable to keep your seat.

After waking, the patient declared that he had not slept, but that, only to please me, he had kept the position suggested. He thought this first attempt had been entirely unsuccessful, in accordance with his preconceived notion of hypnosis and the actual. Apparently, he took me for a credulous person, and left without performing the post-hypnotic suggestion. As the later statements of G. revealed, after leaving me, he went to a friend about 4 o'clock. Strange to say, here the thought of a cigarette came and did not leave him. Unwilling and annoyed, he left his friend's house at 5 o'clock to find himself, a little later, in the park in front of my dwelling. For an hour he struggled, walking in the park, against the impulse to regain his equilibrium by visiting me. At 6 o'clock he called, but did not find me in. The next morning, at 10 o'clock, the patient entered with the words, "A cigarette, please; and I promise to really 'practice' from this time forward." The self-deception of many patients concerning the events of hypnosis, to which, also,

Bernheim and Forel have repeatedly called attention, could not be more clearly illustrated than by this experience with a person who, owing to his medical education, was the more entitled to express an opinion.

As early as June 26th the patient was able to master his imperative feelings,—*i.e.*, to practice.

G. was thereafter hypnotized five times: on June 26th, 27th, and 30th, and July 2d and 11th.

Relapse between the 4th and 11th of July. Inability to respond to his name in the gynæcological clinic. After energetic suggestion on July 11th, the patient went voluntarily to the assistants at the clinic, and a few days after this hypnosis he obtained the needed certificate.

August 1st G. informed me, with delight, that he had all eight certificates necessary to allow the State examination. He was of the opinion that he never could have obtained them with his own efforts without the suggestive stimulation.

The psychical after-effect of this success upon the patient's self-consciousness was unexpectedly favorable. His mood was lightened and hope raised. Although, from the stand-point of the physician, the patient was by no means to be regarded as cured, still, I had to follow the wishes of the patient, who, relying upon his own powers, thought he could dispense with further suggestive treatment, and desired to attempt his own cure.

I regard this case, so instructive for suggestive therapy, as worthy of report, because, between the onanistic excesses and the development of the psycho-neurasthenic symptoms which became especially prominent on June 22d, and, though weakened, are still present to a certain extent, there seemed to be an etiological relation.

Case 16. *Personal Observation. Masturbatic Inclinations and Neurasthenic Symptoms. Successful Treatment by Suggestion.*—A., male, aged 19 years. Mother nervous. Father and other members of family healthy. No severe illness aside from diseases of childhood. He masturbated from his fourteenth year with the idea of coitus, at first daily, later once or twice a week.

A. finds that his mental strength suffers. He grows weak-willed and has no more power of endurance. Easily tired mentally. Inability to carry on his studies regularly. Great confusion. He has seldom performed coitus and has a remarkable shyness about intercourse. He is treated in twelve hypnotic sittings; passes into hypotaxis at the first attempt. He relapsed but once during the course of treatment. The masturbatic inclinations disappeared, and he performed coitus once a week. His ability to work returned. Subjective feeling of well-being returned, and at the present time complaints of neurasthenic symptoms have ceased. He is still under observation, but he may already be regarded as essentially improved.

Onanism through Psychical Stimuli.

(Cases 17 and 18.)

Case 17. *Observation by Dr. Wetterstrand. Psychical Onanism Essentially Improved by Suggestive Treatment.*—X. X., medical student, aged 26 years. While during a year he was engaged to be married he noticed that sometimes lascivious thoughts came to him. He fought against them strenuously, but without success. His fancy was filled with frivolous images, and, at the sight of his *fiancée* and other ladies of attractive appearance, he experienced irritation and tickling on his penis, which were accompanied by erection, often ending with ejaculation. He suffered with this inability to control his imagination, and therefore consulted me on October 22, 1889. He was hypnotized five times, and, although the time was so short, he was still considerably improved.

On December 14th the patient wrote: "I feel that my trouble has been considerably ameliorated, and therefore I would once more express to you my warmest thanks."

Case 18. *Personal Observation. Psychical Onanism (due to Masturbation Practiced during Eight Years), with Hysterical Symptoms and Beginning Apathy, Cured by Suggestion.*—A., female, aged 20. Mother nervous. Father died three years ago with apoplexy. Grandfather healthy. A. has had no especial diseases. She has menstruated since her fourteenth year, and has masturbated about as long. She seems to have had pruritus vulvæ, which the sexual irritation followed. Uncertain on her legs for years. The emotional shock caused by the death of her father, three years ago, was very severe in its effects on her. She became nervous, often aphonic; complained much of headache and pain in the abdomen; restless sleep, loss of appetite, dizziness. A. became more quiet and apathetic, and took less interest in everything. She was treated by the family physician with medicines and electricity without result. Repeated attempts to hypnotize her were unsuccessful. She then came to X., and was treated by Dr. P., to whom I am indebted for these facts. To the complaints mentioned were added vomiting, diarrhœa, anæmia. At the same time there was great desire for medicines (phenacetin, antipyrin, and bromides). It was difficult to keep her from using these medicines. The hysterical attacks recurred again and again; in September, 1890, quite severe hysterical attacks, with weeping, crying out, confusion, but with retained consciousness. At that time Dr. P. had but a suspicion of masturbation. Spots of blood on the linen that had been partially rubbed out and a careful questioning induced the patient to confess.

During this period she masturbated very frequently; at least, several times a day she rubbed the vulva and clitoris, and at night she always had a finger in the vulva. Irritation and itching became

especially intense immediately before and after menstruation. The whole vulva was greatly swollen and there was fluor albus. Applications of carbolic acid, cocaine, and glycerin with chloroform, were without effect. Faradization of the vulva was temporarily beneficial, and it was used twice daily until she was sent to Munich. Owing to her great lack of voluntary control, she was placed under the constant care of a nurse, and day and night her arms and legs were secured. For sleep she was given sulphonal gr. xxx and paraldehyde ʒiss, alternately. The tendency to masturbate continued strong. Whenever it was possible she made shoving, rubbing movements with the legs, the pelvis (on the edge of the chair), masturbated through her clothing (hand in pocket) while out walking, and used every opportunity in the bath, etc. One night she succeeded in releasing herself, and in the morning she was again found with her finger in her vagina. During the last six or seven weeks of her stay in X., she did not directly touch the vulva with the finger or hand, and she also tried to give up the movement on chairs. She walked out often and slept without medicine; but she was often restrained during the day, and always at night.

In May, 1891, Dr. P. made three attempts to hypnotize the patient; at the third she went to sleep, but suggestion was unsuccessful. Further attempts were not made. Weight, when received, 90 pounds; January, 1891, 100 pounds; September, 1891, 92 pounds. Even though there had been unmistakable improvement, Dr. P. thought that hypnotic treatment might lead to complete recovery, and sent the patient to me in Munich in the middle of September.

After personal examination on September 17th and 18th, I was able to extend Dr. P.'s observations and statements, as follows: Heart and lungs apparently healthy. The patient appears as about 16 years old. Sensation to painful impressions increased on the flexor surface of extremities; reduced on the extensor surface, and in part absent. The tactile sense at some points, especially on the extensor surface of the upper arm, is diminished. No disturbance of temperature sense, localization, or muscular sense. Uterus and ovaries sensitive to pressure; intense hyperæsthesia of the vulva. Bilateral peripheral narrowing of the visual field. Color sense normal; likewise acuity of vision and hearing, but easily fatigued. Smell and taste normal. There is constant headache, pain in the abdomen, and unbearable itching of the genitals. Weight, 93 pounds. Hæmoglobin, 75 per cent. (estimated with Gowers's hæmoglobinometer).

Patient seems depressed mentally. Complete weakness of memory; so that the patient, for example, cannot recapitulate the words and meaning of a short written extract. Want of energy and dull apathy for all external impressions. She performs automatically what she is told to do. She has no interest whatever in employment or pleasures

(theatres, concerts). Lack of all spontaneity. She asks no questions and opposes all efforts to rouse her from her indolence. Occasional transformation of this state to exaltation, loud hysterical laughing, and cramp-like convulsions.

Observation for several days and careful examination of the patient show that the present form of gratification is psychical onanism. The idea of a male person,—one of her relatives,—as well as his caresses, induce sexual orgasm, without mechanical help of movement of the limbs, which is manifested in slight convulsive jerking. The patient knows nothing of sexual intercourse, conception, etc., and therefore her imagination is never filled with lascivious images and scenes; but, in remarkable contrast with her libido sexualis, it has remained pure, like that of a child. Pleasant or intense lustful sense-impressions of various kinds are capable of inducing orgasm; thus, for example, scenes at the theatre, musical impressions, or the sight of beautiful pictures, which need contain no figures (human), like beautiful landscapes, suffice. Likewise, simple bodily contact (hand-pressure) with attractive persons induces lustful trembling. The patient masturbated near me three times in the horse-cars, and that without any noticeable movement. At the same time, like many hysterical persons, she was not without great cunning, and only after close questioning did she confess the truth with reference to the number of her sexual attacks.

September 18, 1891, first hypnotic experiment (Liébeault-Bernheim method). Hypotaxis, suggestive cataleptic phenomena, with inability to resist the suggestions. No post-hypnotic amnesia. Owing to the marked apathy, the patient comprehends the suggestions with difficulty; the ideational stimuli must be made very energetically, and often repeated, in order to make them effectual. From this time she received the following suggestions daily: (*a*) abhorrence of every kind of onanism; (*b*) purity of thoughts; (*c*) cessation of headache, abdominal pain, and itching; interest in external affairs.

After going into the hypnotic state, the patient daily continues in hypnosis from a half-hour to an hour and a half. Besides, with the consent of her mother, the sexual relations and the dangers of self-abuse are rationally explained to her.

Patient states that she does not dream; at least, she has no memory of dreaming; but her restless sleep and violent headache on awakening daily, as well as the depression associated with it, give rise to the presumption that, even with restrained arms and legs, the psychical onanism is continued in dreams.

According to my notes, with daily continuance of the hypnotic treatment, the decrease in the frequency of the onanistic attacks was as follows:—

Auto-sexual satisfaction by means of idea: September 21st (for the

last twenty-four hours), 6 attacks (1 by means of friction); September 22d, 3 attacks; September 23d, 2 attacks; September 24th, 1 attack; September 25th, 2 attacks; September 27th, 4 attacks; September 29th and 30th, none; October 1st, 2 attacks (from looking at paintings); October 2d, none; October 3d, none, and none on the days following.

During October there was unmistakable improvement. She stated that she avoided all ideas that could have induced attacks, and relapse was infrequent. This improvement was recognizable objectively in the patient's general condition. She became more lively; asked questions of those about her and of the physician; employed herself in reading, reading aloud, and letter-writing, and her mood and mind became brighter and more active.

Relatively, the most favorable time in the patient's condition was always immediately after hypnosis; in contrast with her restless sleep at night, she slept in perfect quiet. During these post-hypnotic periods, which at first lasted an hour, then four hours, and finally the remainder of the day, the stimulus to masturbate and the itching were absent, pain ceased, and her mood was pleasant. Thus, suggestive treatment showed itself to be the most effectual of all curative means, and always gave the patient great relief. To overcome the hyperæsthesia of the genitals and the pruritus vulvæ, daily sitz-baths gradually cooled, frequent use of vaginal tampons, application of cocaine solution, ointments with calomel, frequent cold bathing, etc. Besides, on retiring, bromides and sulphonal were given to induce quiet sleep, and to have an anaphrodisiac effect. The application of the galvanic current was also finally used to combat the headache and the feeling of pressure in the occipital region (especially mornings after waking). Further, in order to stimulate her mind and divert her attention from her favorite dreams, the patient was taught in several studies. Gymnastic exercises, within the customary limits for young girls, completed the general treatment.

The patient is still treated in this manner, and her improvement is to be attributed in greater part to the forty-two hypnotic sittings. She grows brighter mentally; sleep grows quieter; pain becomes less frequent and intense; the post-hypnotic remissions grow longer; the hyperæsthesia of the vulva is essentially diminished. The stimulus to masturbate and the itching occur less frequently, and they are weaker. Of late there are no more onanistic relapses, though the patient is still restrained at night as a precaution. Gradually the patient has developed an intense repugnance for onanism, so that finally every question on the subject is answered with irritation and repugnance for the vice. The progress is slow, but constant, and she may already be regarded as essentially improved. Present weight, 98 pounds; hæmoglobin, 80 per cent.

From September, 1891, to April, 1892, the patient was treated with about one hundred and fifty-two hypnotic sittings, and during the last

four months she regularly passed into deep somnambulism. Since this time she has masturbated no more, and may be regarded as essentially cured. For a month there has been endometritis, which has yielded to local treatment. Headache and abdominal pain have disappeared entirely, as well as the troublesome itching. From a languid, apathetic patient, she has become a bright young girl of gay mood, with a fresh, blooming appearance, and full of interest in all that takes place around her. She will be sent home in a few days as cured.

Satyriasis and Nymphomania.

(Cases 19 and 20.)

Case 19. *Professor Forel, Zurich. Satyriasis, with Weakness of Will and Inability to Work, Lastingly Cured by Hypnotic Suggestion.*—Mr. X., student, aged 25, came to me in July, 1889, for consultation. Since 1885 he had committed sexual excesses, either with women or in onanism. The impulse became irresistible two or three days after the last indulgence; he was forced to masturbate. Mentally affected by it (probably by the mental impression, through auto-suggestion, rather than by the number of emissions); since the summer of 1888 he had become so languid and weak of will that he was absolutely incapable of work. He remained in his room, listless and abulic, and did nothing, totally neglecting his studies, and he could not continue his work for the doctorate.

In this condition, which had existed for a year, he came to me, told all, and asked for help. In July, 1889, I hypnotized him, and brought about hypotaxis (without amnesia). Ability to work returned immediately; the spell was broken. Mr. X. was hypnotized six or eight times in all. There was likewise great improvement as regarded onanism; at first it gradually diminished. Now and then it was still practiced, and for the last time in February, 1890. However, the sexual instinct lost, as a result of suggestion, its violent, impulsive character, and soon became perfectly normal,—*i.e.*, aside from infrequent coitus, at the most, there was but one pollution a week. Since the first hypnotic sittings (July, 1889) his ability to work has continued undisturbed and unlimited up to the present time (July, 1890). He was not hypnotized thereafter. Mr. X. was always nervous, but otherwise of genial temperament and normal.

Case 20. *Personal Observation. Nymphomania with Hystero-Masturbatic Attacks. Cured by Suggestion.*—M., aged 22, teacher. Father died of spinal disease. Mother healthy. Two cousins insane. Brothers and sisters healthy. The eldest sister is said to be remarkably apathetic. M. was healthy in her early youth. When she was about 5 years old and living in a large city, for a long time an officer was accustomed daily to take her up from play with her companions immediately after closing

his office. He took the innocent child to his room, caressed her, touched her genitals, and, after having covered her eyes and mouth, he committed immoral acts with her,—masturbated her, undressed her, and became intensely excited sexually, probably with orgasm. The pleasant feelings which he caused the child by his manipulations, on the one hand, and threats to kill her if she were to tell on him, on the other, caused M. to keep silent concerning the matter. In this way, during the two years of continued intercourse, the childish imagination was thoroughly poisoned. After the relation ceased, the child began to practice auto-masturbation excessively. At the age of 11 the menses began. At the age of 17 she went to France as a teacher, and at 18 she was deflowered, and, up to the present time, states that she has had coitus about ten times. A relative accompanied her to my office, and I noted the nervous excitement of the former. A short examination showed that her companion was more seriously affected than M.

During the last ten years the onanistic manipulations have been practiced from eight to twelve times daily, and have seriously affected M.'s predisposed nervous system. She states that she has never touched her genitals with her hands, but she induces the orgasm by movements of the thighs; its occurrence is often accompanied by hysterical convulsions and loss of consciousness. The patient feels much fatigued after these onanistic attacks. The ideas accompanying such attacks often consist of the thought of having intercourse with some man. The intensity of such thoughts often reaches that of hallucination. The severest attacks occur in the morning, while the patient is lying on her abdomen in bed. She states that at such times the impulse is irresistible. She is absolutely unable voluntarily to control the impulse, and thus she has become the slave of the psycho-sexual reflex mechanism, which is thrown into action by all kinds of sensory impressions and ideas. For some years orgasm has taken place without tactile stimulation of the genitals at the occurrence of certain perceptions, accompanied by intense pleasurable feeling (psychical onanism); thus, for example, when the patient sits dreaming on the sea-shore watching the play of the waves; while lost in contemplation of the river Isar; while looking at certain paintings containing nude figures, or even at landscapes devoid of figures; at the sight of attractive male forms; or even at the mere contact with a man (pressure of hand). These ideas in the form of memory-pictures are also sufficient, without mechanical friction, to induce the sexual orgasm.

In general, all sensory impressions and ideas which induce pleasurable sensations are capable of bringing about lustful feelings. The patient's dreams are also effectual in the same way. She states that a short time ago she dreamed that she was in the arms of the emperor. Her whole thought is directed to the sexual sphere. Her impulsive

excitement reaches the intensity of nymphomania, with an inclination to attack men. She fears her own passion, and begs me never to leave her alone with a man in the waiting-room. In such states of excitement it is only with the greatest difficulty that she controls herself. Increased cardiac action, rapid breathing, and suffusion of the face are the objective signs of her exaltation. Repeated onanism during the first visits to the physician, as well as during the physical examination.

Her mental condition has seriously suffered under the constant influence of this sexual hyperæsthesia that has existed for years. Weakness of memory, absent-mindedness, inability to follow out a thought, hysterical change of mood, etc., make it impossible for her at present to follow any employment. Nevertheless, with due consideration of her hysterical state of mind, she does not impress one as being a person degraded or morally defective. She feels that she is ill, and has an earnest desire to get well, but that she cannot attain this by means of her own strength. She has by no means lost her sense of modesty, and, in spite of her violent sexual impulses, she has not prostituted herself. The dramatic dream-life of the patient, as fully revealed later during hypnosis, gave the observer a view of the patient's secret mental life and many opportunities for interesting psychological studies. These experiences confirmed the judgment made of her character in the waking state.

M.'s form is stately; full bust. Panniculus adiposus well developed. Mucous membrane ruddy. Heart and lungs normal. On the posterior surface of the right forearm there is an area of anæsthesia, pear-shaped, fifteen centimetres long and seven centimetres wide. In the right axillary line, at the level of the fourth rib, there is a point sensitive to pressure; right ovary also sensitive to pressure. Genitals normal, not especially sensitive; moderate turgor of the clitoris, which is remarkably large. Occasional pruritus vulvæ. Color-blind for blue and red. The right visual field concentrically narrowed. Olfactory and gustatory anæsthesia on the right side. Quinine and salt are not tasted on the right side of the tongue; asafœtida, violet perfume, and smelling-salts are not smelled on the right side. On the other hand, on the left side, these substances induce lively reaction, with correct recognition of them. No olfactory hallucinations. Hearing intact on both sides.

The menses increase the hyperæsthesia, last four days, and cause pain and weariness in the legs. Repeated vesicular spasm with active retention of urine (attributable to reflex irritation after onanistic excesses) on attempting to urinate. As a rule, the spasm ceases after five minutes.

September 25th I attempted to hypnotize her for the first time, but without success. With face suffused and excited, she threw herself about in her chair, and the attempt ended with an hystero-onanistic

attack. I then had her come every day, and showed other hypnotized patients, and suggested to her in the waking state that she was not to become excited when visiting the physician. Thereafter she became much quieter, and I could touch her without causing her sexual excitement. She then asked to be hypnotized.

September 30th, second hypnotic attempt (Liébeault-Bernheim method). In less than a minute M. goes to sleep and passes into deep somnambulism, with post-hypnotic amnesia. She carries out all suggestions, hallucinations, acts, and commands in the domain of the body with perfect precision. She is one of the best somnambulists I have ever seen (*sonambule agitée*). As a rule, if no contra-suggestion is given, she acts out her dreams, speaks of the events of her daily life, and takes up, from time to time, an imaginary glass from the table to strengthen herself, and has hallucinations of all possible situations. After I have suggested to her abhorrence for onanism, she always says to herself the following sentences: "Ugh! that is bad; you must not be naughty; the doctor does not allow you to be; I abhor it" In the following sittings, auto-suggestive recapitulation of the suggestive commands of previous sittings. She twice struggles successfully against the impulse to onanism in hypnotic dreams. Once, in a dream, she allows the imaginary glass to fall to the floor; she begs pardon, and wishes to take up the pieces. When it is suggested to her that a lead-pencil is a red-hot iron with which she is to be burned on the arm, the touch is followed by violent painful reaction, manifested by jerking the arm away and crying out. Sometimes the places touched on the arm clearly showed a red line (the first degree of burning); at other times there was nothing apparent. On one occasion desquamation of the superficial layer of the skin, with formation of crusts for some days; but it is not certain whether or not this process was hastened or brought about by scratching or rubbing at times when she was not under observation. In one instance she blew on the spot that appeared burned (not yet erythematous), and poured the contents of this imaginary glass over it, in her imagination thus overcoming the irritation,—all this without the skin reacting with redness.

Every one of the stigmatic experiments tried by me on this patient underwent correction when I ascertained that in the waking, as well as in the sleeping, state every moderately-intense tactile impression induced circumscribed hyperæmia of the skin, whether there was any suggestion at the same time or not. With moderate pressure with a piece of wood (lead-pencil) one can draw on the skin of the arm, breast, etc., any kind of a figure, which, in half a minute, appears as an erythema traumaticum in the form of the figure drawn. In this way the word "Otto" appeared in red letters on the left breast; likewise the number "1" which I had written on her arm over the sleeve. Still, the possi-

bility that this may be induced by the ideational stimulus is not thus denied.

We see other vasomotor changes brought about by psychical stimulus as well as by tactile irritation: for example, erection. Careful exclusion of mechanical irritation is necessary to establish the occurrence of erythema as a result of suggestion. Though some of the suggestive experiments made in the vasomotor domain seem to have excluded mechanical irritation, still, I must confess that I have not yet reached a final judgment. This class of experiments is not continued with the patient.

The importance and the infrequency of the phenomenon in question, which forms a part of the patient's history, constitute my excuse for this digression.

October 2d and 3d, repetition of suggestions against onanistic inclinations. October 2d, M. masturbated while looking at a picture (Tannhäuser in the Mountain of Venus), though since the first sitting the attacks had decreased in frequency. October 3d it was suggested to her: You will have a severe pain in the region of the left ovary every time you attempt to masturbate, and will be able to overcome the impulse. The following three days there was not a single attempt to masturbate, though the patient remained in bed until 10 A.M. When, on October 4th, she made an attempt to masturbate, there was violent pain in the left ovary.

From October 8th to 15th, daily repetition of the therapeutic suggestions; successful suggestive removal of the anæsthesia of the right arm; no more onanistic attacks. October 16th, relapse, with violent ovarian pain. From October 16th to 31st, further hypnotic sittings without relapse. The general health improves; nymphomaniacal inclinations have been absent since the beginning of October.

At the present time the patient may be regarded as capable of following her employment, and has begun to resume it. Her sexual hyperæsthesia is much diminished; her general physical and mental state is essentially improved; the inclination to onanism has decreased. The patient is still treated intermittently.

At this period it may be stated with exact certainty that the improvement, in the sense of a relative cure, is to be ascribed to hypnotic treatment.

December 15th. The patient is to be regarded as completely cured of nymphomania. She does not practice onanism any more, but at the time of the menses she is excitable sexually, and, to avoid a relapse, at these times it is necessary to treat her prophylactically.

March 10, 1892. The cure of the onanism in about forty hypnotic sittings is complete. No relapse anticipated. The patient is still under treatment.

Cases.	Reporter.	Sex.		Age.				Sittings.	Somnolence.	Hypotaxis.	Somnambulism.	Failure.	Improvement.			Cure.		Relapse.	Remarks.
		Male.	Female.	1–10.	10–20.	20–30.	30–80.						Temporary.	Great.	F'th'r Co'rse Unknown.	With Later Report.	Without Later Report.		
I. ONANISM.																			
1. Boy, aged 3.	Liébeault.	1	. .	1	. .	. .	. .	3	. .	. .	1	. .	. .	. .	. .	1	. .	1	Relapse cured in eight sittings; no relapse in the last year.
2. Boy, aged 7.	Liébeault.	1	. .	1	. .	. .	. .	5	. .	. .	1	. .	. .	. .	. .	. .	1	. .	Liébeault presumes complete cure.
3. Girl, aged 8, with enuresis nocturna.	Liébeault.	. .	1	1	. .	. .	. .	3	. .	. .	1	. .	. .	. .	1	. .	1	. .	Enuresis nocturna also ceased after suggestion.
4. Boy, aged 9, with chorea.	Liébeault.	1	. .	1	. .	. .	. .	?	. .	?	. .	. .	. .	1	1				
5. Imbecile, aged 30.	Liébeault.	1	. .	. .	. .	1	. .	30	. .	. .	1	1							
6. Teacher, aged 26.	Wetterstrand.	. .	1	. .	. .	1	. .	18	. .	?	. .	. .	. .	. .	1	. .	1	. .	Treatment during three weeks.
7. Neuropath, aged 8.	Bernheim.	1	. .	1	. .	. .	. .	21	. .	. .	1	. .	1	. .	. .	. .	. .	1	Treatment during three or four weeks.
8. Pupil, aged 8.	Bernheim.	1	. .	1	. .	. .	. .	14	. .	. .	1	. .	. .	. .	. .	1			
9. Criminal, aged 16.	Voisin.	1	. .	. .	1	. .	. .	9	. .	. .	1	. .	. .	. .	. .	1	. .	. .	Complete change of character.
10. Pupil, aged 14.	Author.	1	. .	. .	1	. .	. .	3	. .	. .	1	. .	. .	1					
11. Pupil, aged 18.	Author.	1	. .	. .	1	. .	. .	26	. .	1	. .	. .	. .	1	. .	. .	. .	1	Improvement lasted six months after discharge.
12. Medical student, aged 20.	Author.	1	. .	. .	1	. .	. .	3	. .	1	. .	. .	. .	. .	. .	1	. .	. .	Successful removal of anxiety about examinations.
13. Student, aged 24.	Author.	1	. .	. .	. .	1	. .	12	. .	. .	1	. .	. .	. .	. .	1	. .	. .	No relapse two months after discharge.
14. Neurasthenic, aged 28.	Author.	1	. .	. .	. .	1	. .	70	. .	1	. .	. .	. .	. .	. .	1	. .	. .	Neurasthenic complaints cured.
15. Medical student, aged 26.	Author.	1	. .	. .	. .	1	. .	6	. .	1	. .	. .	. .	. .	. .	1	. .	. .	Imperative sensations due to onanism.
16. Student, aged 19.	Author.	1	. .	. .	1	. .	. .	12	. .	1	. .	. .	. .	1	. .	. .	. .	1	
17. Psychical onanist, aged 26.	Wetterstrand.	1	. .	. .	. .	1	. .	5	. .	?	. .	. .	. .	1	. .	. .	. .	. .	Improvement maintained.
18. Psychical onanist, aged 20.	Author.	. .	1	. .	1	. .	. .	132	. .	. .	1	. .	. .	. .	. .	1	. .	. .	Seems to be cured. Still treated; no relapse in last four months.
II. SATYRIASIS.																			
19. Student, aged 25.	Forel.	1	. .	. .	. .	1	. .	7	. .	1	. .	. .	. .	. .	. .	1			
III. NYMPHOMANIA.																			
20. Teacher, aged 22.	Author.	. .	1	. .	. .	1	. .	40	. .	. .	1	. .	. .	. .	. .	1	. .	. .	Hypnotized for prophylaxis from time to time; no relapse in last four months.
Total	. . . . .	16	4	6	6	8	. .	419	. .	6	11	1	1	5	3	10	3	4	

Concluding Remarks.

The foregoing table gives the following results:—

Cured, with subsequent report, (2 still treated prophylactically; 1 case with relapse.)	10	13 =	65 per cent.
Cured, without subsequent report,	3		
Greatly improved, (3 with subsequent report; 1 case still under treatment; 1 case relapsed.)		5 =	25 per cent.
Temporary improvement,		1 =	5 per cent.
Complete failure,		1 =	5 per cent.
		20	100 per cent.

Of the 20 cases of onanism (among which the cases of satyriasis and nymphomania are reckoned), 11 passed into somnambulism, 6 into hypotaxis, and in 3 cases no degree of hypnosis is given. The number of hypnotic sittings extends from 3 to 152. Of the 20 cases, 10 were completely cured, with subsequent reports; 3 without later reports,—in all, 13 cures. In addition, 3 were lastingly improved, with subsequent reports. According to this, the probability of lasting cure of onanism or sexual hyperæsthesia by hypnotic suggestion may be expressed as 65 per cent.; the probability of some success as 90 per cent.

For the sake of a *résumé*, the two cases of satyriasis and nymphomania in which onanism plays an important part were included.

The great susceptibility of onanists to hypnosis seems remarkable, of whom eleven passed into somnambulism. This is in part due to the youth of the patients. But even the milder degree of hypnosis does not prejudice the result, as Case 14 shows. In spite of the seventy sittings, the patient did not go beyond the second stage; yet the therapeutic effect is among the best obtained.

Owing to the great excitability of hysterical and neurasthenic persons, the first attempt to hypnotize them is not always successful. In Case 20 the patient could not be hypnotized on

the first trial, owing to an intense degree of psychical erethism. Only after she had seen several hypnotized patients did she have a desire to be hypnotized. I artfully increased this desire by having her come several times and making her wait for a long time, so that her requests became more urgent. I thus induced a favorable psychical predisposition, and at the second attempt she passed immediately into somnambulism.

In Case 18 several physicians had previously made attempts to induce hypnosis, but without success, because she laughed at them. Slight hypotaxis at the first trial. I regularly allowed the patient to lie asleep for half an hour, as a result of which the hypnosis gradually deepened, so that later deep somnambulism always occurred. Owing to the apathy which excessive onanists show for all impressions, suggestibility is much diminished, and Case 18 shows that the depth of hypnosis, in spite of the existing *rapport*, does not always correspond with the degree of suggestibility.

The more the patients are accustomed to masturbate automatically, as in sleep, the more difficult it is to affect them. In such cases we cannot dispense entirely with other therapeutic measures. Appropriate bandages, belts to prevent masturbation, etc., are of the greatest service in such cases. Bérillon has also lately advocated this view, he having successfully treated about thirty cases of confirmed onanism by suggestion.[1] It is also well, where the patients present erethism, to prepare them for hypnosis by large doses of bromides. At least, I was repeatedly successful in deepening the hypnosis by this means. In addition, general treatment of the nervous system—for example, by hydro-therapeutic procedures—should not be spared.

Case 15 demonstrates beautifully that suggestion may force its way into the patient's mind in a state of complete con-

[1] Comp. Revue de l'hypnotisme, Dec., 1891, p. 180. In the reported discussion of a paper by Professor Bernheim, Dumontpallier and Gorodichze report cures of severe cases of onanism by means of psycho-therapeutic treatment. Since the article mentioned appeared after the conclusion of this work, the cases could not be considered in detail. The same is true of a case mentioned by Schmidkunz in his work, "Psychologie der Suggestion" (Enke, Stuttgart, 1892, p. 398). The case is one of involuntary masturbation, which was successfully treated in four hypnotic sittings by Dr. G. The patient was able to overcome later relapses partly by means of auto-suggestion and partly by mechanical means.

sciousness, though the patient thought that he had held his arm cataleptic merely to please. It is also well, in good somnambulists, to give the suggestion that pain will occur upon the first attempt to masturbate. Case 20 gives a noteworthy proof of this.

The more the onanistic habit is the result of hereditary disposition or of an existing psychopathic condition, the more difficult the therapeutic task and the more unfavorable the prognosis. Thus, in the single case of complete failure (Case 5), the patient was an imbecile; and in Case 7, in which there was but slight temporary improvement, there was marked hereditary disposition, for the father was likewise an onanist, and there were several other symptoms of hereditary taint.

One case of melancholia masturbatoria with beginning dementia I had to refuse as inappropriate for hypnotic treatment. Onanism had been practiced more than thirty years, and there was hereditary disposition. The age of the patient (female), her absent-mindedness, and her mental decay contraindicated the use of hypnosis. Since no attempt at hypnosis was made with this patient, her case is not included in the report.

In none of the cases reported was there any injurious effect attributable to hypnosis. Of course, the cases are reported by recognized specialists in suggestive therapeutics. On the other hand, I was able to observe, in several cases, that the hours of relatively the best condition were those immediately succeeding hypnosis. These favorable intervals increased in length, in the course of treatment, from several hours to half a day, then to several days.

Without regarding hypnosis as a universal remedy for onanists, I think, from the practical experiences confirming our theoretical considerations, that we may conclude that, with reference to certainty and rapidity of effect, as well as with reference to the permanence of success, no other therapeutic method has given similar results in sexual hyperæsthesia. As little as we can dispense with other means as a supplement, the application of suggestion seems to me to be, to a certain extent,

indicated as a specific remedy, since abnormal symptoms in the domain of thought and instinct, in cases of sexual hyperæsthesia, especially in the form of onanism, may thus be corrected. If other means and methods are not successful, then failure to use suggestive therapeutics out of prejudice and ignorance must be regarded as inexcusable negligence on the part of the physician toward his patients.

II. SEXUAL IMPOTENCE AND ANÆSTHESIA.

CHAPTER IV.

PATHOLOGICAL CONSIDERATIONS.

By impotence we understand complete or partial defect of power to perform coitus in a normal way with an individual of the opposite sex.[1] This is called impotentia cœundi, in contrast with impotentia generandi, which relates to the fertility of the semen.

Physiology.—The experiments of Eckhard[2] and Goltz[3] have demonstrated the interrelationship of the cerebral cortex and the sexual organs. The impulses necessary for erection arise in the cerebrum, and pass through the crura and pons to the spinal cord. The erection-centre in the lumbar portion of the cord may be excited by cerebral (sexual ideas and perceptions), spinal (stimulation of the conducting paths in the cord), and peripheral stimuli (reflex irritation from the glans penis). Ideas and sensory impressions constitute the most frequent form of excitation. The erection-centre in the lumbar portion of the cord is likewise subject to inhibitory influences arising in the brain. In dogs, section of the cord between the dorsal and lumbar regions allows more prompt and rapid occurrence of erection. Unpleasant cerebral excitement (fear of failure in coitus) intensifies the effect of the inhibitory nerves, *i.e.*, hinders erection. The accessions of blood to the corpora cavernosa of the penis, to which erection is due, is regulated by the contraction and relaxation of the organic (involuntary) muscular fibres of the tissue: the nervi erigentes relax the muscular fibres and the spaces fill with blood. Contraction of the ischio-cavernosus muscles compresses the penis near the symphysis pubis, so that the backward flow of blood is impeded; and these muscles

[1] Comp. Caspar, *loc. cit.*, p. 3.

[2] Beiträge zur Anatomie und Physiologie, Bd. iii, iv, vii.

[3] Pflüger's Archiv, Bd. viii.

elevate the penis, and erection occurs. After ejaculation the muscles relax and the penis collapses. The distended bladder may oppose the return-flow of blood (morning erections). When there is insufficiency of the muscular apparatus, there is premature return of blood, resulting in partial relaxation of the organ.

Causes and Forms of Impotence.—Sexual power may be interfered with by the most various circumstances. The physical mechanism of the sexual act requires a normal condition in all the parts concerned in it. Congenital or acquired faults or defects of the sexual organs may cause impotence (impotentia cœundi e defectus seu deformatione[1]): for example, injuries of the brain or spinal cord. Consecutively, other serious maladies, like diabetes, anæmia, obesity, etc., may lead to it. Alteration of sexual power takes place as a result of toxic influences (alcohol, nicotine, opium, etc.).

The organic changes which, as a result of anatomical lesions of the muscular or nervous parts of the genital apparatus, or of the nervous centres and paths which control erection, become the causes of impotence, should be mentioned here merely for the sake of completeness; for our purpose, however, they are important only in that in such conditions there can be no thought of therapeutic effect by psychical means. In a wider sense, congenital anæsthesia sexualis belongs here,—absolute defect of sexual instinct, notwithstanding normal development of sexual organs.[2] According to von Krafft-Ebing, a milder form of this defect is presented in the so-called "naturæ frigidæ," who show disinclination or very slight inclination for sexual intercourse, and experience no lustful or psychical excitement in coitus. Whether such cases are amenable to psychical treatment remains to be seen; at any rate, the original condition sets the natural limits for the possibility of improvement.

What is true in the case of congenital anæsthesia also holds good in the case of acquired anæsthesia, when the latter is the result of degeneration of the nervous conducting paths

[1] Caspar, *loc. cit.*, p. 11.
[2] Comp. Psy. Sexualis, p. 31; Hammond, p. 2.

and the genito-spinal centres as a result of castration, atrophy of the testicles, or central lesions (paretic dementia). On the other hand, cases of diminished or temporary absence of libido, belonging to this class, form the transition to the forms of impotence to be discussed later.

Hereditary disposition, physical condition, and age play a predisposing part in the occurrence of impotence. The sexual power begins, on an average, in males at the age of 18; in females, in our climate, at the age of 16, sometimes a year earlier. After the age of 40 sexual power diminishes, and is extinguished in men at the age of 65, in women at the age of 50. There are exceptions to this, in accordance with individuality and constitution.

Hereditary predisposition to impotence, with respect to intercourse with the opposite sex, is found in persons of contrary sexuality. Such cases are repeatedly described under the term "Impotence,"[1] and in monographs on "Impotence" are usually considered. This class of psycho-sexual diseases, belonging to relative impotence, will, owing to their great practical importance, be given separate consideration in Section III, and therefore no further reference is made to them here.

Fürbinger[2] examined 200 cases of impotence, aged from 18 to 52, and found that 50 per cent. of all cases occurred in the fourth decade of life. All these cases were from private practice; on the other hand, out of 15,000 patients treated at Friedrichshain during the last three years, only two came for defective facultas cœundi. Among such patients young single men exceed married men in number. Officers, merchants, and physicians make up the largest contingent; theologians and teachers the smallest. The cause was, in 28 per cent., onanism; in 38 per cent., gonorrhœa; in 13 per cent., both of these factors; 10 per cent. were given to great excess in venery. In accordance with these figures, 89 per cent. of cases of impotence occurred in patients who attributed their malady to onanism.

[1] Comp. Leonpacher, "Psy. Impotenz," Friedreich's Blatter für gericht. Medizin., 1887, p. 290.

[2] "Ueber Impotentia virilis," Med. chirurg. Rundschau, 1890, p. 188.

gonorrhœa, and excesses. Only 10 per cent. showed a blameless past life. Fürbinger was also able to note variation of sexual power in the same individual, in accordance with physical and mental conditions and external circumstances. I can confirm this observation from my own experience. As a rule, impotence goes hand in hand with neurasthenia. "It may be the only symptom of neurasthenia" (Fürbinger). For this reason it is difficult to separate impotentia cœundi psychica from impotentia cœundi nervosa irritativa (sexual neurasthenia), as Caspar[1] does, even though it must be allowed that this distinction, in accordance with the predominance of symptoms of sexual neurasthenia, or purely psychical symptoms, is practically useful.

In pure functional disturbances of virility the condition of the external genitals is negative, though sensory disturbances in the glans may be discovered,—frequently hyperæsthesia. The functions which go to make up the sexual act may be disturbed singly or in various combinations :—

1. Erection may be incomplete or wanting, so that the member becomes lax ante-introitum or after immission.

2. Ejaculation may be premature, too quick (præcox), or delayed, and take place with insufficient ejection of semen.

3. Orgasm may be diminished, and it is seldom intensified.

4. Libido sexualis may be diminished or increased.

In accordance as 1, 2, 3, or 4 occurs alone or in various combinations with the others, we have various varieties. Thus, for example, we may have libido sexualis increased and power of erection simultaneously diminished; or ejaculation and orgasm may be interfered with where libido and erection are normal; or libido may be almost extinguished and, power of erection being retained to a certain extent, erection occurs from peripheral stimulation, with ejaculation which is nearly normal. Fürbinger saw cases of the latter character.

The forms of impotence may be classified in accordance with other peculiarities, as *total* and *partial*, *constant* and *temporary*, *absolute* and *relative*, *original* and *consecutive*, depending

[1] *Loc. cit.*, p. 11

upon the view of the case held. In *partial* impotence one or more of the factors just mentioned are intact. *Constant* impotence signifies defective power with woman at all times; the *temporary* form is that in which there is occasional failure of erection,—for example, as a result of intense preoccupation of the mind by urgent business or of occasional mental preoccupation. According to his contemporaries, Newton was constantly affected with the latter form. This form has also been called real *psychical impotence*, or moral or hypochondriacal impotence. It presumes increased excitability of the inhibitory centre. A thought, a doubt, concerning the successful performance of coitus is sufficient to destroy erection. Cases are not infrequent where young married men, who have had intercourse before marriage only with votaries of Venus, are impotent in the marriage-bed. The absence of approach on the part of the young wife on the one hand and the fear of exposure on the other excite the inhibitory mechanism. As has been before mentioned (Section I), intense preoccupation with abstract subjects (*e.g.*, mathematics) has a paralyzing effect on the sexual function.

Absolute impotence means that the patient is impotent alike for all women, while *relative* impotence is applied to cases where the defect is manifested only with respect to certain persons; like those young husbands who can have intercourse with a puella, but not with their wives. There are also married men who are impotent outside of marriage relations, probably as a result of the custom of intensified association of ideas. There are also men who can perform coitus under definite circumstances,—for example, with dressed women,—while they are absolutely impotent with a nude puella.

Not only mental, but also severe physical, labor and great fatigue may induce temporary impotence. Gyurkovechky[1] speaks of an occupation impotence. Thus, according to him, book-worms are weak *in sexualibus*. "With intense mental activity the thinking portions of the central nervous system are thus exercised at the expense of the sensory and motor portions and consecutively developed."

[1] *Loc. cit.*, p. 132.

Sensuality and virility, in accordance with the foregoing scheme, may stand in a certain contradiction to each other, in such cases as are most frequently observed among artists and men of learning,—painters, actors, authors, physicians, and professors. Abstinence[1] also leads to impotence (consecutive atrophy of the testes), as we have seen in the preceding section.

The original form of impotence is found, for example, in individuals affected with congenital sexual weakness, the forms of which have been previously mentioned. *Consecutive* impotence signifies the occurrence of a functional weakness of the muscular and nervous apparatus of erection, resulting from general neurasthenia or some other primary disease.

In addition to this, we may mention the form of impotence depending upon delusion, and due to groundless imagination, which should be classified as belonging to the psychoses. Hammond[2] reports a case of hypochondriacal mania, in which the patient imagined that his genitals degenerated, while in fact they were perfectly healthy.

Functional weakness of the genital reflex arc and of the

[1] The results of abstinence induced by erroneous education are clearly shown by the following communication, received during the publication of this work from the brother of the subject of Case 67: At the age of 15 years, X., while at school, made an attack on a servant-girl (aged 22). On touching her person he had an ejaculation. The strict discipline of his elder married brother restrained all sexual tendency at home. While serving his apprenticeship as a merchant, owing to enforced abstinence, he became hyperexcited sexually and made an attempt at rape; the approach of persons prevented its completion. He fled. After his return to a large city, a visit to a brothel. However, he found, as he believed, that his virility was much diminished by abstinence. A single act of coitus weakened him so that he was forced to keep his bed several days. Confession and a violent scene at home. His brother and guardian had practiced abstinence until marriage (in his twenty-fifth year) without harm, and demanded the same of him. Though the patient felt himself in the right, by energetic self-control he practiced abstinence five years. During the first nine months frequent tickling sensation in the glans. Frequent dreams at night, with pollutions, which gradually ceased. While bathing he accidentally came to masturbate (self-pollution), which he only practiced three times. He found that this weakened him still more. During the latter part of the five years sexual desire gradually disappeared entirely, and after abstinence for five years he made another trial in a brothel. He was impotent, and, in spite of several attempts, remained so up to the time of making this report, though not yet 30 years old. Accident so decreed that the strict guardian and brother should learn the fruits of his plan of education on the same day. He received, almost simultaneously, news that one brother had begun treatment for contrary sexual instinct, and that the other was impotent as a result of the abstinence he had enforced. Owing to the congenital neuropathic disposition of both these patients, their sexual education should have been most painstaking, in order to prevent functional disturbance.

[2] *Loc. cit.*

muscular and nervous apparatus in relation to it may result in lasting loss of sexual power,—a form known as *paralgtic* impotence. On the other hand, when it represents but a temporary exhaustion of nerve-cells, it is called *atonic* impotence.[1] In the latter form there is erection occasionally, but it lasts but a short time and is insufficient for coitus.

Impotence in the Female Sex.—Sexual impotence in women is far less frequently the object of the physician's treatment than that in men. The lesser intensity of the sexual impulse and the form of the genitals in the female sex, as well as natural modesty, are probably sufficient to account for this. Hammond[2] justly points out that our education and social conditions effect a development of the sexual impulse in the male sex much beyond the limits demanded by the interests of future generations; while, on the contrary, feminine education in civilized lands is entirely directed to restraining and limiting sexual desire.

As in the male sex, organic defects (absence or incomplete development of the clitoris) may cause absence or diminution of sexual desire. It must be remembered, however, that the mucous membrane of the vulva, the cervix, and the os uteri possesses sensibility similar to that of the clitoris, and that therefore the operative removal of the clitoris does not prevent lustful excitement (Hammond). Congenital defect of sexual instinct (*frigiditas organica idiopathica*), according to Hammond, also occurs, though it is exceedingly rare.

An anomalous formation of the genitals may render immissio penis impossible, and thus cause impotence, as may acquired anatomical defects (syphilitic growths, hernia of the labia majora, etc.).

The most frequent functional hinderance to cohabitation is vaginismus (hyperæsthesia of the hymen and the vulva, with involuntary spasmodic contraction of the sphincter vaginæ). Pain and spasm make the sexual intercourse of such patients a burden.

Usually, vaginismus occurs only after attempts at coitus as

[1] Caspar, *loc. cit.*, p. 75. [2] *Loc. cit.*

a result, for example, of spinal irritation or hysteria, but most frequently after masturbation.

Sexual excesses and want of correspondence in the size of the genitals also play a part in its etiology.

The most frequent form of impotence, and that which in its practical bearings has not been sufficiently recognized, is that due to defect or absence of the female orgasm, whether it be due to a want of sympathy with the husband or to the fact that the stimulus caused by the friction of the penis, with complete desire and intense sympathy, is not sufficient to bring on the acme of the sexual paroxysm in the woman. The man has already passed the acme, the penis becomes relaxed, while the woman is still in a state of strained expectation without having experienced the characteristic lustful feeling. This difficulty in the occurrence of the orgasm may be congenital, or —and this is the most frequent form—it may be due to sexual excesses and masturbation, or to local disease, as after childbirth. In such cases there is exhaustion of related central ganglion-cells, which no longer react promptly to the stimulus. Erection of the clitoris may also be involved. Finally, lustful sensation, just as in the male, even though it occur, may be weakened and remain incomplete.

The forms of impotence here described have excited a controversy among gynæcologists in the *Archiv für Gynäkologie*,[1] the *Therapeutische Monatsheften*,[2] and the *Allegemeine medicin. Centralzeitung*,[3] in that an attempt is made to regard such cases as "perversions," and, in support of this error, to account for it by assuming a deviation in the distribution of the nerves of lustful sensation like the hypothesis of some authors (Mantegazza) that in pederasts the terminal branches of the pudic nerve are distributed to the rectum and anus. Dr. Carl Laker gives the following characteristics of the peculiar sexual perversion of the female described by him:—

[1] Archiv f. Gynäkologie, Bd. xxxiv, Heft 2, 1889, p. 293. Laker, Ueber eine besondere Form von verkehrter Richtung (Perversion) des weiblichen Geschlechtstriebes.

[2] Therapeutische Monatsheften, 1890, p. 165. Dr. Gustav Leimann, Ueber Onanismus beim Weib als einer bes. Form von verkehrter Richtung des Geschlechtstriebes.

[3] Wiener med. Wochenschrift, 1889, No. 28, and Allgem. med. Centralztg., 1889, p. 37. Franz Torggler, Casuistischer Beiträge zur Perversion des weiblichen Geschlechtestriebes.

1. Normally developed and frequently increased sexual desire.

2. Normal inclination toward the opposite sex and absence of any pathological inclination toward the same sex.

3. Complete absence of sexual satisfaction in normal intercourse (never has been experienced).

4. Complete satisfaction of sexual desire in solitary and mutual onanism.

5. Consciousness of the abnormal condition and desire for a cure.

6. Absence of states of psychical degeneration.

Laker gives three cases as examples:—

Case 1. Sexual inclinations began in her twelfth year. Sexual intercourse in her fifteenth year without satisfaction. Seduced into mutual onanism by friends (several months later). She experienced complete gratification. Married at 22 years of age. Never any lustful feeling in coitus; always in onanism. This patient knew several who suffered like herself.

Case 2. Seduced to mutual onanism in her fourteenth year. Natural intercourse in her nineteenth year, without lustful pleasure. Increased libido. Bore two children. Owing to her anomaly, she cannot bring herself to marry again.

Case 3. Seduced to onanism at the age of 11 years. Abnormally increased desire. Intercourse with several men without ever being satisfied by coitus. Orgasm by means of auto-masturbation. According to Laker's experience, this form is quite frequent in women. To explain the anomaly, the author assumes the existence of an anatomical deviation in the distribution of the sensory nerve-endings. For this "typical common form" he recommends local surgical treatment, and thinks that perversion of the sexual instinct may develop from mutual onanism.

Franz Torggler confirms Laker's experience:—

Case 4. The patient was seduced to onanism in her fourteenth year and was a slave to it until her sixteenth year. Then a platonic love-affair. After six months' acquaintance with her lover, mutual onanism with him, which gave her more pleasure when the clitoris alone was stimulated than when the vulva and vagina were manipulated. Coitus avoided for social reasons. Seduction in her eighteenth year. Frequent coitus; excessively-increased sexual desire without satisfaction in coitus; after every attempt at coitus, she masturbated in order to experience the acme of the sexual paroxysm. After the relation ended, resort to onanism

again. Then marriage to a man she loved. Again no satisfaction in coitus. She then came to place her hand on her clitoris during the conjugal act, in order to induce orgasm by manipulation.

Gustav Loimann gives three cases, of which the first is essentially like those reported. The second case is instructive in relation to explaining the anomaly, and for that reason may be repeated briefly here:—

The patient menstruated first at the age of 17; marriage at 20. Happy married life for ten years. Eight children. Complete satisfaction in coitus. Widow at 30. Intense sexual desire; no chance to marry again. *Faute des mieux*, onanism, which was injurious to her mental and physical health. On the advice of a physician, she entered into a relation with a student, aged 18, who had been entrusted to her care, without thought of consequences. The former satisfaction did not occur. She attributed this to the inexperience of her lover, and sought another and another. The desired satisfaction never came, but she developed a chronic vaginal catarrh. At commencement of treatment masturbation was practiced as inordinately as before.

In its principal features, the third case is similar to the second: at first complete satisfaction in marital intercourse; death of the husband; onanism; later, failure of orgasm in coitus.

Concerning the etiology of this misunderstood form of disease, which, according to the statements of gynæcologists, is frequent, it is noteworthy that in all the cases reported, with the exception of the first by Laker, auto-masturbation or mutual onanism preceded the defect of orgasm in coitus. Loimann's patients, as far as the sexual paroxysm was concerned, were potent for years until the beginning of habitual onanistic indulgence. Through frequent unnatural stimulation, the impressionability of the centres influencing lustful feeling in woman is greatly altered and diminished in power to respond to normal stimulation,—a fact which Loimann has correctly recognized. In every instance it is a form of genuine female impotence in which the orgasm is no longer induced by the sexual act. By manual friction the excitability of the clitoris is increased as compared with that of the vaginal mucous membrane and of the os uteri, and that without necessity to assume

unequal distribution of nerves to account for the variation of sensitiveness.

The question whether masturbation by means of objects resembling the penis in form, and which, therefore, do not stimulate the clitoris exclusively, but also those parts of the vagina which are subjected to friction in coitus, is likewise capable of inducing impotence, cannot be answered from the cases at hand. By analogy, it might be presumed that this form of stimulation could not cause impotence unless male ejaculations were to take place too quickly. Concerning Laker's first case, which seems to be an exception, it may be remarked that in woman lustful feeling is not always brought about by the first coitus, but that it occurs sometimes only after repetition of the act. In accordance with individual peculiarity, it requires a longer or shorter time before the various phases of cohabitation occur in a normal way. Loimann saw cases in which marriage led to complete satisfaction only after many months or after childbearing. I can confirm this from my own observation. At the present time I am treating a woman in pregnancy (aged 17), who, in intercourse during several months with her seducer, never had lustful feeling; and she experienced it first, after the occurrence of pregnancy, in intercourse with another man. Another patient assures me that of her various lovers only a few were able to induce in her the acme of the sexual paroxysm in coitus. It is the same with prostitutes, who very soon pass from the stage of hyperæsthesia to that of anæsthesia and relative impotence.[1]

In the cases described by Laker it is to be considered that auto-masturbation began only a few months after defloration, with which the pathogenesis of impotence had its beginning. Finally, want of satisfaction in the concrete case, which might be explained by speedy ejaculation of the man after immissio penis, is to be strictly distinguished from absolute impossibility. One of my patients was satisfied by her husband only at the beginning of married life, and after the birth of her child

[1] In that prostitution usually excludes the physiological condition of the sexual relation, namely, excitation of love,—the participation of the psycho-sexual centres favorable for normal coitus being either diminished in intensity or absolutely impossible,—it may be regarded as pathological and classified as one of the forms of impotence described.

remained relatively impotent with him, while she was fully satisfied by the stronger stimulus of coitus with another.

In many women orgasm occurs only after prolonged coitus or after repetition of it after a short pause. The psychical condition of women in all cases of impotence requires much more careful study than in the case of men. Sexual intercourse in woman, as a rule, includes a much more intense psychical participation than in a man. "A woman loves with her whole soul. To her love is life; to a man it is the joy of life." Unrequited love wounds him, but it costs a woman her life, or, at least, her happiness. At any rate, the mental tendency of woman is monogamous, while man tends to polygamy (von Krafft-Ebing[1]). Therefore the occurrence of relative impotence in women should be much more frequent than in men.

The pathological explanation of female impotence is often only an expression to cover up our want of knowledge of the marital relations. We are not able to ascertain how often the wife's disinclination to sexual intercourse and her apparent passiveness are due to the sexual weakness of the husband, who makes it impossible for the wife to complete the act, and thus, by nervous excitement, without subsequent completion of it, lays the foundation of nervous troubles. In judging female impotence, we must also take into consideration the decisive part played by the sexual functions in the mental life and development of woman. We should remember the numerous unhappy marriages brought about by our social conditions, the frequency of which, according to the statements of certain statisticians, is 75 per cent. The question of female impotence, in a broader sense, touches most intimately both private and social life. Upon the correct judgment of the physician, which, in the case of women, must be reached after the most careful psychological analysis of the sexual life, depends the happiness of the family and the therapeutic treatment. This often makes heavier demands upon the psychiatrist than upon the gynæcologist, who looks at everything through the spectacles of local anatomy. Thus may be explained the error of attempting to

[1] Psychopathia Sexualis, p. 14.

make a new class of sexual perversions out of cases of simple female impotence.

Diagnosis.—A careful local examination must first determine with what form of impotence the patient is afflicted. In the majority of cases, endoscopical examination of the urethra reveals nothing. The majority of disturbances of the sexual mechanism are thus of a functional nature, and reveal themselves, therefore, in the subjective sensations and observations of the patients. The discovery of the cause points out the method of therapeutic procedure. In making a diagnosis, attention should be given principally to constitution, manner of life, and the state of the nervous system in general. Often, signs of flaccidity and weakness of the genitals are to be observed; for example, in neurasthenia sexualis and after sexual excesses. In the forms of impotence resulting from abstinence, Gyurkovechky[1] found that the testicles were smaller than they formerly were. The mental condition of such patients requires the most study. The feeling of lustful pleasure may be altered or entirely absent without the necessity, for that reason, to call the patient directly impotent. If the fulfillment of marital duty become an unpleasant necessity, or if the sexual act with prostitutes is done with repugnance, lustful feeling is either much diminished or absent. There are persons who naturally possess but a slight degree of lustful sensibility. Individual disposition and the intensification of sexual desire by love determine the intensity of lustful feeling.

The foregoing points may be extended by reference to the diagnosis of sexual hyperæsthesia in Section I.

The *prognosis* depends upon the conditions in each individual case. Cases of impotence due to organic causes are to be treated locally, and are not amenable to psychical therapeutics. Congenital defect of the sexual mechanism permits only a doubtful prognosis. The prognosis in cases of impotence due to abstinence is unfavorable if the testicles are shrunken. In consecutive impotence the prognosis depends entirely upon the primary disease. Impotentia nervosa irritativa presents

[1] *Loc. cit.*, p. 138.

opportunity for treatment; for example, in general treatment of the nervous system and in the effort to re-adjust the want of relation between the various functions which make up the sexual act. Atonic impotence also permits complete cure, while in the paralytic form the organic changes in nerve-centres and paths which control erection make the prognosis unfavorable. In psychical impotence it should first be determined whether the central disturbance is primary or secondary. Gonorrhœa, diseases of the prostate, inflammation of the testicles, and onanism affect the mind secondarily; while impotence due to imperative ideas, absent-mindedness, etc., is primary. On the whole, in the cerebral neuroses the prognosis is favorable, if they are understood and treated with reference to their etiology. At the same time, hereditary disposition, in these cases, must also be taken into consideration; acquired psychical impotence, in the absence of symptoms of other serious disease of the nervous system, offers a fertile field for psycho-therapeutists. Relative impotence in married persons, for example, as a result of lack of acquiescence on the part of the wife, touches delicate ground, and offers prospect of success only in cases where both parties submit to systematic psychical treatment. The delusion of impotence belongs in the domain of the psychoses, and is to be judged and treated from that stand-point.

CHAPTER V.

THE RÔLE OF SUGGESTIVE THERAPEUTICS IN THE TREATMENT OF FUNCTIONAL SEXUAL WEAKNESS.

THE causes and forms of impotence determine in each case the direction of therapeutic measures. The majority of sexual invalids (according to Fürbinger, 89 per cent.) attribute their malady to sexual excesses, onanism, and gonorrhœa. The principles of prophylaxis here are exactly the same as those laid down in the pathological states described in Section I (compare what has been said concerning sexual education, page 34).

Among the methods of treatment in vogue, correct hygienic measures are the most important. The most important means of cure is rest to the exhausted genitals. Coitus must not be indulged in for a period long enough to permit recovery. Sufficient sleep must be obtained, and diet tending to produce superfluous fat, which injures sexual power, must be avoided, as must stimulants. In addition, the measures described in the therapeutics of sexual hyperæsthesia are indicated.

If there are symptoms of neurasthenia universalis (cerebral or spinal), general treatment (climatic, hydro-therapeutic, gymnastic, electrical, etc.) is advisable. In case of combination of spermatorrhœa, chronic gonorrhœa, etc., the local treatment is given in so much detail in all special works on impotence that it is unnecessary to consider it further here. Concerning strict individualization in the application of balneo-hydro-therapeutical measures, consult the foregoing section and special works; also for the various methods of application of electrical currents, which, locally as well as generally, may have the happiest effect; for example, in anæsthesia of the glans, in the beginning of atrophy of the testicles.[1] Electricity in the treatment of impotence is also indispensable to the psycho-therapeutist. Here it is only necessary to refer to the medicaments that are briefly alluded to

[1] Hammond, *loc. cit.*

in Section I. A detailed treatment would lead us away from our subject and be but a repetition of what is familiar. Gyurkovechky[1] thinks that medicaments are not the means in the treatment of impotence which most frequently and surely lead to success. And Hammond compares the effect of substances of various properties in many forms of impotence with that of bread-pills. However, we must here examine one method of treatment which of late years, especially among French writers, has led to much discussion, viz., Brown-Séquard's method of treating impotence.[2]

The subcutaneous injection of the testicular juice of various animals in the impotence of males, according to the assertion of the celebrated physiologist, exerts a favorable influence upon diminished sexual power. There is said to be an effective principle in the semen that is capable of stimulating great power. Brown-Séquard attributed the loss of virility in old men to the diminished activity of the testicles. He (aged 72) injected on himself during three weeks an extract of testicular juice ten times. This painful procedure had a favorable effect upon him, troubled as he was by the weaknesses of old age. "In place of states of exhaustion came a feeling of strength like that of twenty years before. Again, he was able to stand without fatigue for hours. Muscular power, measured with a dynamometer, showed a decided increase. The stream of urine was stronger and of greater length. Defecation was essentially stronger. After four weeks the old conditions of weakness returned." Variot observed the favorable effect on the sexual functions in five men. An extract from the ovaries, it was presumed, would have a similar favorable effect in women. Though numerous objections were offered to this theory, by assuming that suggestion and peripheral irritation through pain played a part in the results (Féré and Dumontpallier), Brown-Séquard's reports fell on fertile soil. Chemists sought to isolate the active principle of sperma (Parke, Davis & Co.); it was called spermin or spermatin (Schreiner). The newspapers hailed Brown-

[1] *Loc. cit.*, p. 153.

[2] Fürbinger, "Zur Würdigung der Brown-Séquard'schen Behandlung der Impotens," Deutsche med.-Ztg., vom. 22, Juni, 1891, p. 583.

Séquard's discovery as the giver of perpetual youth. And a year later the discoverer himself was forced to flee to England to escape from the impotent horde that assailed him.

A great and celebrated manufactory applied to Fürbinger, as he states, to obtain the testicles of all men subjected to autopsy in the hospitals of Friedrichshain, in order that they might meet the demand for spermatin. Later, Brown-Séquard recommended the use of the testicular fluid by enema as producing wonderful results. Reaction was not wanting. The better representatives of medical literature, even in France, kept silent. Against his inclination, Fürbinger at last decided to test the new method of treatment. In order to eliminate the psychical factor, Fürbinger took old men and patients from the lower classes who were not acquainted with the object of the treatment. He mixed fresh semen of healthy men with five times its amount of a solution of thymol, added a drop of potassium hydrate, boiled, and then filtered the whole. The solution was then used for injection. He treated eighteen men, aged from 24 to 72 years, and patients or old men affected with skin diseases, rheumatism, etc. In three days the injections were increased to five. In one-half the cases pain occurred at the seat of injection; once violent inflammation was induced. Four patients felt depressed. Two consumptives became greatly excited and had no sleep. "Not a single instance of sexual excitement reported or confessed." The failure of this test, according to Fürbinger, needs no comment. According to these experiments, the exciting and youth-giving power of Brown-Séquard's treatment seems to rest upon an erroneous assumption. All the effects may be directly attributed to auto-suggestion, as Fürbinger, Forel, and others assume.

Psycho-therapeutics.—For affecting the imagination of impotent men, there could hardly be a more effectual psycho-therapeutic procedure than this of a belief in the secret and youth-giving effect of an extract of the testicles. The very sexual origin of the substance awakens hopes and intensifies the patient's expectation. The entire attention is directed to the parts diseased, and intensified by the exciting and painful injec-

tions. The patient feels something taking place in him; his faith grows; the mysterious effect of the youth-giving juice excites his fancy in the most lively fashion. Let us remember that the cerebral part of the sexual act in almost all cases of impotence also suffers, if it be not the cause alone of impotence! Thus, the possibility cannot be denied that these factors may overcome the psychical functional disturbance and completely cure many cases of impotence. Other means used to conceal our psycho-therapeutic procedures in the waking state speak in favor of this explanation.

In the majority of cases of so-called psychical impotence, the object is to remove the influence of excited brain activity from the inhibitory nerves. If, for example, it is possible to demonstrate to the patient that he is capable of an erection, the first step toward recovery has been taken. The patient's self-confidence is thus strengthened in the most marked manner. Faradization of the genitals; the use of larger and larger metal sounds, that are left in place ten or fifteen minutes; suppositories of silver and tannin in the posterior urethra; clysters, etc., induce erection. All these means, like Brown-Séquard's, affect the patient's mind, and demonstrate the principles of psychical treatment in the waking state, which we have described in the treatment of sexual hyperæsthesia. Fear, distrust, superstition, hopelessness, and hypochondriacal mood often, as causes of psychical impotence, present insurmountable difficulties. Success with such patients depends entirely upon correct individualization and the acuteness of the physician. It is necessary to so influence the patient that he is not constantly pre-occupied with himself; that he takes his malady and any possible failure with indifference. Useless sexual excitement (for example, with a *fiancée*) must be absolutely avoided. Every forced act on the part of the patient paralyzes the erection-centre only the more. Rest of mind is the most essential thing for the patient. But one must be careful not to attempt to cure a real disease by argument; this would only make matters worse. The physician's task is to have a well-considered plan for the cure of the patient carried out. Cold rubbing, baths, medicines, and

local treatment must conceal the method of cure. The patient must gain the impression that the means used are helping him. Occasional abstinence is of use in this direction.

Patients that have become impotent as a result of severe mental work must give up their occupations for a time. A sojourn in the country should be recommended to such. In other cases they should be advised to perform coitus in a state of partial intoxication, in the hope that the alcohol will effect a partial paralysis of the mental activities. Regulation of sexual intercourse also plays a part. A suitable marriage is in all cases an excellent preventive of impotence.

Waking-Suggestion and Hypnotic Treatment.—The use of the cerebral functions for the purpose of cure consists of (*a*) psycho-therapeutics in the waking state, the special value of which in impotence is shown in the foregoing paragraphs; (*b*) suggestive therapeutics. The fundamental principles and differences of these two methods of treatment have been given in detail in Section I (Therapeutics), and they are as applicable here as there. Psycho-therapeutics takes account of the patient's judgment, the co-ordinating cerebral activity, and sets in motion his will, his attention, and his judgment. Suggestions, on the contrary, have the special tendency to cause the idea imparted to be transformed into an act. Then, the more cerebral activity is dissociated, the less is the activity of the controlling inhibitory apparatus of the brain, and thus the more the intensity of the ideo-motor, ideo-sensory, and ideo-sensorial reflex activity is increased; that is, suggestibility. *Per se*, it is a matter of no consequence whether sleep exists or not, even though it must be allowed that, in spite of notable exceptions, sleep in general increases the receptivity for suggestions. Waking-suggestion—that is, the unqualified acceptance and appropriation of an idea—always indicates a weakening of the associative and contrasting ideas, or extinction of intra-cerebral reflex excitability; that is, strictly speaking, it may be defined as hypnosis. The increasing degree of faith presumes a diminution of judgment and reflection. The results obtained with the help of imagination, in cases of impotence, show the

peculiar cerebral pliability of hypnosis; as suggestions in the waking state, they form the transition to hypnosis. Therefore, our series of cases of cures by suggestion in the waking state are placed by the side of those cured by hypnosis as a class belonging to the latter. The psycho-therapeutics of the waking state, as we have seen, pass without definite limitation into waking-suggestion, and the latter into hypnosis (in its narrower sense). The physiological basis of suggestive therapeutic effect in sexual weakness is the same as in sexual hyperæsthesia. In the patients of Section I there is increased activity of the sexual functions; in impotence, a diminution. Our introductory remarks in Chapter IV show that ideas have an exciting and an inhibitory influence on the sexual mechanism, especially on that of erection. The sexual functions stand in a dependent relation to the cerebral cortex. Ideas, desires, and images of sexual content cause sexual excitement, weaken the influence of the inhibitory centre, and, through the effect on the erection-centre, induce the well-known vasomotor and motor effects which give rise to the filling of the penis with blood.

From this it will be seen that the object of the treatment is to strengthen such ideas as induce sexual erethism, and that by weakening habitual associated and pathologically intense opposing ideas (cause of psychical impotence), as well as to increase their peripheral effect (influence on erection and ejaculation). As a result of the removal, the weakening, the dissociation "of the organically associated ideas maintaining the equilibrium," the suggested idea becomes all-powerful. The facilitation of the process of transformation of an idea into a feeling (libido sexualis) and movement, thus brought about, is, of course, not subject to observation.

However, in order to overcome the mastery of the inhibitory centres over the sexual mechanism that has existed for years, or, by means of ideational stimuli, to excite the weakened sexual functions to renewed activity, a few hypnotic sittings are not sufficient, as so many patients believe, but the unhindered ideational stimulus of suggestion must be repeated until, through cumulative effect, its intensity and lasting influ-

ence seem assured; until it acts automatically from the brain. An impotent patient who has been able to perform coitus once, as a result of suggestive treatment, can only be regarded as convalescent; only repeated and habitual success in sexual congress constitutes a cure. Length of treatment and prognosis must follow these principles.

Ringier[1] very justly remarks that in no form of medical treatment is the tendency to break it off so pronounced as in hypnotic treatment. The patient expects wonders, and, as a rule, is disappointed. The simplicity of the procedure does not come up to his expectations. Besides, the first symptoms of improvement often come unnoticed and unconsciously to the patient, in contrast with the more marked effect of physical and medicinal procedures. Besides, many patients at first, during hypnotic treatment, are inclined to ascribe the more frequent occurrence of sexual desire and erections to other causes. The causal relation of cure and suggestive treatment escapes the observation of the patient, and often it is only the constant association in time of improvement with the suggestive treatment which causes an actual recognition of the psycho-therapeutic effect. An occasional pause in treatment, as a rule, convinces such patients; for, as soon as they attempt to be independent, they recognize the assistance afforded them by suggestion.

On the whole, then, it is best to treat patients for chronic impotence with suggestion only when they will engage not to discontinue the treatment prematurely, for, by so doing, they increase their want of confidence in themselves, make a repetition of the procedure more difficult by auto-suggestion, and injure the reputation of psycho-therapeutics, sufficiently attacked and misunderstood without this. The great principle in the treatment of psychical or functional impotence is strict individualization with both men and women. The foregoing general principles will suffice; details will be found in the histories contained in the following chapter.

[1] Erfolge des therapeutischen Hypnotismus in der Landpraxis. Lehmann, München, 1891.

CHAPTER VI.

CASES ILLUSTRATING SUGGESTIVE TREATMENT OF SOME FORMS OF IMPOTENCE.

THE following eighteen cases include all instances known to the writer of suggestive treatment of impotence. By "functional" impotence in the following cases is meant a state of sexual weakness without demonstrable anatomical foundation, in so far as it is not exclusively and demonstrably of psychical origin.

RESULTS IN PSYCHICAL, FUNCTIONAL, RELATIVE, AND PARALYTIC IMPOTENCE.

Case 21. *Reported by Dr. Van Renterghem (Amsterdam). Psychical Impotence. Lasting Cure by Means of Larvated Waking-Suggestion.*—G. S., engineer, aged 29, married, fell from a height of five feet to the floor. Without being severely injured, he received several painful contusions, one in the region of the perineum. He was treated at home. For the first few days he suffered with trouble on defecation, which was soon overcome by appropriate treatment. Pains had disappeared two weeks after his fall, and he only complained that his genital functions were out of order. On April 3, 1891, his physician sent him to me. Present condition: Strong constitution. Apparently in robust health. No antecedents, either nervous or in the domain of the vita sexualis. He complains of impotence. Genitals perfectly normal. No disturbance of urination. The man is married, loves his wife, and has always lived with her in perfect harmony; and he has led a regular life, both before and since his marriage. He confesses that he attempted coitus two days after the accident, but that it was not successful, owing to pain,—a fact that caused him great anxiety. A second and third attempt, some time later, met with no better success. He thinks, therefore, that, as a result of the fall, some disturbance of the genitals has occurred which has caused the impotence. Patient is much depressed and suffers on account of the disturbance of his marital relations. I was successful in quieting him with the assurance that if some hindrance to ejaculation had resulted, it could be removed by repeated introduction of a sound. At the first attempt I introduced a sound with ease. I allowed the instrument to remain in the urethra one minute. Before the patient left he promised me not to have congress with his wife until I gave him permission.

April 7th. Though occupying a bed with his wife, he did not approach her last night; but erection occurred repeatedly. Introduction of sound.

April 10th. He asks for permission to attempt coitus. I refuse it. Use of sound.

April 14th. Patient does not appear.

April 17th. Patient excuses his absence on the 14th as a result of business. Introduction of sound. After this, he confesses that he disregarded my instructions and had congress with his wife. Coitus was perfectly successful. When asked why he had not told me this before, as it would have made the use of the instrument superfluous, he answered that he had postponed his confession purposely, fearing that I would be unwilling to continue the treatment, upon which all his faith rested.

It is to be noted that to bring about a permanent cure I introduced the sound but three times, and that at long intervals.

Case 22. *Reported by Dr. Van Renterghem. Psychical Impotence Treated without Success by Suggestion in One Sitting.*—B., civil engineer, aged 28, was sent to me July 8, 1889, by his physician, to have his belief in his impotence removed. The young man (one month married) seemed very nervous, was uncommunicative, and so anxious that my efforts to hypnotize him were entirely unsuccessful. He did not return.

Case 23. *Reported by Dr. Van Renterghem. Functional Impotence Treated in Thirty Hypnotic Sittings without Success.*—J. K., merchant, married, aged 42. Gonorrhœa. Growths in the urethra had been removed by galvano-cautery. He suffers with emphysema and chronic bronchial catarrh. Frequent (several times a day) attacks, which are sometimes accompanied by loss of consciousness. Remissions, which, however, never last more than two or three weeks. Besides, states of great anxiety, disturbed digestion, fluid stools, etc. Unhappy married life. Separate sleeping-apartments. While abroad he was treated for a long time for psychical impotence. His present physician (specalist in genito-urinary diseases) states that the impotence does not depend upon any demonstrable anatomical causes. K. sleeps well.

June 7, 1888. Pollution occurs from time to time, always preceded by complete erection. Still, K. does not venture to approach his wife sexually. He asks me to hypnotize him and suggest forcibly that he perform coitus. He thinks he cannot be hypnotized, because Donato was not successful in fascinating him.

Hypnotic sittings were had between June 18th and July 12th. However, he never passed into hypnosis deeper than the third degree of Bernheim's classification (ninth degree), and was little susceptible. The result was negative. The patient promised to inform me of any subsequent success.

Case 24. *Reported by Dr. Van Renterghem. Relative Impotence Cured by Hypnotic Suggestion.*—J. K., bridge engineer, aged 44; married at 26. He lost his wife after nine years of married life. Since this time he had had intimate intercourse with a single woman. Four months ago these relations were interrupted by a project of marriage. Since this time he had had, possibly from disinclination, only irregular intercourse. On the very first attempt coitus was incomplete, and did not give him the accustomed pleasure; and he thought himself subject to premature impotence. At second time erection occurred, but not ejaculation; a third time there was not even erection. This impotence was accompanied by an indescribable feeling of illness, and was followed by a host of nervous symptoms,—anxiety, sleeplessness, pain in the region of the kidneys, excitability, etc.

May 19, 1888, I began to treat K. He came to me in a state of great excitement. I was successful in quieting him in hypnosis. I suggested to him "disappearance of the nervous symptoms," and the assurance that his impotence had no tangible cause, but depended entirely upon his mental excitement.

May 20th. Patient has become much quieter since yesterday. He had a good night, and awoke without the feeling of anxiety. Before going to sleep he had a complete erection, and also on awaking. Repetition of the suggestions of yesterday.

May 21st. More excited than yesterday. Some sleep last night, but not quiet. Pain in back and languor. I hypnotized him and induced catalepsy. Suggestibility increases. After waking he states that he has felt the sensations of sleep. I suggested to him to find his former mistress and perform the sexual act with her, assuring him that he would succeed in it.

May 23d. K. excuses himself for having missed the sitting yesterday by attributing his absence to business. He had followed my advice, and coitus took place to his entire satisfaction. I hypnotize him again, and suggest that he perform coitus this evening with another woman, giving assurance that it would be successful.

May 24th. Yesterday's attempt was perfectly satisfactory. Some months later I received notice of his marriage.

Case 25. *Reported by Dr. Liébeault. Psychical Impotence Improved by Hypnotic Suggestion.*—B., aged 20 years, healthy, has powerful erections when he thinks of the woman he loves, but as soon as he is in her arms he grows so excited that erection is no longer possible.

On the first attempt at hypnosis B. passes into light sleep, and, in five sittings, is so influenced that he is able to perform coitus for some time. Later he relapsed; but he had to leave Nancy, and treatment could not be continued.

Case 26. *Reported by Dr. Liébeault. Impotence Caused by Auditory*

Hallucinations Cured by Suggestion.—L., aged 50 years, with other imperative ideas, has suddenly developed the notion that he can no longer fulfill his marital duties. He hears voices that keep him from it. I succeeded in removing his hallucinations by means of suggestion. Thereafter the patient was capable of intercourse with his wife to his entire satisfaction.

Case 27. *Reported by Professor Bernheim. Psychical Impotence Treated by Suggestion without Success.*—For seven weeks I treated with hypnotic suggestion (second degree) a young man aged 26 years. He was hypochondriacal, sad, and preoccupied with self. He complained, also, of sexual impotence, though there had still been erections for two or three years. Complete failure.

Case 28. *Reported by Professor Bernheim. Psychical Impotence Cured by Suggestion.*—Male, aged 25 years; neurasthenic; has thoughts of suicide. For about two years he has suffered with impotence. His mother is nervous. On the first attempt at hypnosis he passed into deep sleep. He was completely cured in ten days by suggestion.

Case 29. *Reported by Professor Bernheim. Relative Impotence. Probable Success by Means of Hypnotic Treatment.*—A Belgian merchant consulted me three years ago on the following subject: Married three years and loving his wife, he has never been able to satisfy her. Erection incomplete in spite of all efforts. Still, he is not impotent; for, when he makes the attempt with another woman, he can perform coitus three times in a night. Patient is 38 years of age, in good health, and without nervous antecedents. Probably the emotional excitement on the marriage-night, on the first attempt, paralyzed erection, and unconscious auto-suggestion, on each new attempt, reproduces, to a certain extent, as a reflex act, the paralysis of the genito-spinal centre. I hypnotized the patient easily. Deep sleep, with partial post-hypnotic amnesia. He could remain in Nancy but three days. I gave him six hypnotic sittings, and made him promise, in case of failure with his wife, that he would return, that an attempt might be made again under the direct influence of new suggestive treatment. The patient departed, and no word was received from him. He was probably cured (von Schrenk).

Case 30. *Reported by Professor Bernheim. Psychical Impotence Cured by Suggestion.*—X., laborer, of Nancy, in November, 1890, seeks my aid on account of impotence. He had never been able to perform coitus. Erections, especially at night; great desire to perform coitus. He wishes to marry; but every time he visits a woman erection fails to occur. He is tall, aged 26 years, of good constitution, very nervous and impressionable. He often suffers with sleeplessness. His mother, also, is said to be nervous. He states that he has never been ill and has never masturbated. His genitals are well formed.

I hypnotized him. He passed easily into the second stage (catalepsy, automatism, memory after waking). Later he passed into somnambulism several times without memory on awaking. I hypnotized him daily for fifteen days. Sleep at night returned. Nervous excitability diminished, but impotence continued in spite of all efforts. I continued the treatment once or twice a week for two or three months. In March, when I recognized that in this way I should obtain no immediate result, I sought to strengthen the idea in him that he was perfectly cured, but that he must not make further attempt at coitus. "One fine day, without your thinking about it, this thing will take place of itself." I had him visit me every ten or fifteen days, and each time I suggested to him that the cure would take place without his thinking about it. In July, 1891, he informed me that he had been successful. While sleeping with a woman he had no erections during the night, but in the morning he was able to perform coitus twice. I enjoined him not to abuse his powers and to wait patiently for complete cure. Six months later he learned to accommodate himself to his erections, and he no longer felt powerless in the presence of a woman.

Case 31. *Reported by Professor Bernheim.*[1] *Psychical Impotence Cured by Hypnotic Suggestion.*—X., merchant, aged 27, consulted me October 10, 1889. He came from the Urals, and was several weeks on the way before he found me. He complained of absolute impotence and had never been able to perform coitus. At the same time erections are powerful, but in the presence of a woman he begins to tremble with excitement and erection disappears. It is apparently a case of psychical impotence; mental excitement has an inhibitory effect. Besides, he tells me that he has masturbated a few times, but rather unconsciously, at night in sleep. Sometimes this would occur three nights in succession, then it would not occur again perhaps for ten or fifteen days or more. X. seems very nervous. He is very impressionable; he speaks often suddenly and easily begins to tremble. In his excitement he shoots beyond the mark. His constitution is excellent. He has never been ill, and has always been free from nervous disease. Examination negative.

I easily succeeded in placing him in deep sleep. I suggested physical and mental rest. "There will be no inclination to masturbate at night; in the presence of a woman erection will last until the completion of the act, without the occurrence of excitement. You will be cool, have no trace of fear, and be able to perform the act." The patient was able to remain in Nancy only from October 10th to 23d, when his vacation expired. I repeated the same suggestions daily. After the first sitting he masturbated no more at night. Once, on the night of October 13th, he awoke with his hand on his penis and was about to masturbate; he immediately stopped, and the act has not been repeated.

[1] Hypnotism, Suggestion, etc., Paris, 1891, p. 336.

October 20th, at suggestion, he attempted coitus, when he noticed that fear and tremor did not come as formerly. Therefore he thought his object nearly attained. I suggested to him now energetically repetition of the attempt on October 22d, with the assurance that he would have complete success this time. October 23d he told me of his success, the first of the kind in his life. Though erection diminished toward the end of the act, yet he was still able to complete ejaculation. Now I suggested that, once freed from his excitement, in the future he would make no failures. He returned home satisfied.

Case 32. *Reported by Dr. Moll,*[1] *Berlin. Functional Impotence Cured by Hypnotic Suggestion.*—J., aged 31, noticed nine months ago that in coitus he had ejaculation either before immissio penis in vaginam, or that when it took place at the proper time ejaculation was devoid of pleasurable feeling. After about forty trials I was successful in hypnotizing the patient so deeply that with eyes closed he was obnoxious to the most various suggested hallucinations. After this, the attempt, repeated for several days, to induce him to perform coitus by post-hypnotic suggestion, was so successful that within four days the patient was able to perform coitus twice with immissio penis and normal lustful feeling. Unfortunately, I lost sight of the patient, who showed no objective signs of disturbance of the sexual organs or nervous system; for in the second coitus he acquired gonorrhœa after having dispensed with preventive measures, against my advice.

Case 33. *Personal Observation. Functional Sexual Weakness Treated in One Sitting by Suggestion without Success.*—T., aged 31. Father nervous. Had measles ischias lasting two or three years, but no other diseases. Masturbated since his twentieth year. After self-abuse continued five years, first attempt at coitus; ejaculatio præcox with incomplete erection. States that he has not masturbated for a year; often awakes in the morning with complete erection. Pollutions at night once or twice a week. Moderate hyperæsthesia of the glans. Neurasthenic complaints; easily tired; tinnitus aurium. Great weariness on awaking in the morning; rising requires great resolution. Cardiac palpitation. Depression, with entire loss of self-confidence. Patient was never in love. Genitals normally developed. Water, electricity, and sounds have been used for his psychical impotence in vain. Patient was sent to me by Dr. Kopp. January 12, 1891, first attempt at hypnosis. T. has an idiosyncrasy against hypnosis. He cannot make himself passive; consequently, allows his attention to be diverted, and conceals his apparent anxiety and excitement by effectual resistance. On January 13th the patient writes me that it is impossible for him to overcome his idiosyncrasy, and therefore will not take any further treatment.

[1] Reported by Caspar, Impotentia et sterilitas virilis, München, 1890, p. 99.

Of course, the negative result of a single trial is of no value in answering the question whether and in what length of time psychical impotence can be cured by suggestion. In spite of the prejudice of the patient in the foregoing case, the prognosis with psychical treatment did not seem to me at all unfavorable. A series of sittings would have taught the patient to submit to the influence, and thus his suggestibility would have proportionately increased. The gradual occurrence of quiet by means of suggestion, and the removal of neurasthenic symptoms in connection with careful attempts at coitus, in my opinion would have brought about a cure in spite of the difficulties.

Case 34. *Personal Observation. Impotentia Paralytica* (?) *Treated Experimentally in Four Sittings. Temporary Improvement.*—Male, aged 41. Mother died of heart disease. Father and brothers and sisters living and healthy. B. has never had other illness than the diseases of childhood and emphysema that causes little trouble. From his tenth to his sixteenth year he practiced onanism excessively. As a result, irritable weakness of the lumbar cord came on. Frequent pollutions in climbing, riding, and in sleep. B.'s hyperexcitability is so much developed that when he merely thinks of a woman ejaculation results with a relaxed or half-erect organ. In attempts at coitus, ejaculatio ante introitum vaginæ; immissio has never been accomplished, though in previous years, especially nights and mornings, erections were not infrequent. The patient can only recall having had one actual erection in the last two years. Nevertheless, in the last four years he had attempted coitus four times, always with great psychical excitement. There is pain in the back after pollutions, which still occur frequently. Besides great depression there are no other abnormal nervous symptoms. Genitals normally developed.

The patient has tried in vain all kinds of treatment at the hands of celebrated specialists,—hygienic, electrical, medical, hydropathic,—and now, as a last resort, wishes to try suggestion, thinking that his impotence may be of psychical origin; that, if his excitement on attempting coitus can be overcome, perhaps he will succeed. In spite of an unfavorable prognosis, in order not to destroy all the patient's hope, I made four hypnotic attempts from September 16 to 19, 1889. In these sittings the patient did not pass beyond slight somnolence. On the night of September 16th and 17th he noticed the beginning of erection, which increased the next night. Attempt at coitus September 18th. Weak erection made immissio penis in vaginam possible, but only for a short distance. But ejaculation took place in the vagina. On Septem-

ber 19th the patient was called away from Munich, and could only be discharged as essentially improved. In spite of the unfavorable conditions, owing to the slight improvement, continuance of treatment would have been advisable.

Case 35. *Personal Observation. Psychical Impotence Essentially Improved in Three Hypnotic Sittings. Favorable Prognosis.*—K., aged 29. No hereditary taint. Parents and brothers and sisters healthy. Diseases of childhood,—scarlet fever, dropsy, scabies, till his twelfth year. He began masturbation in his fourteenth year, taught by a companion, and he practiced it daily until his twenty-first year, always fancying himself in the sexual act with women. Onanism less frequent since his twentieth year, and abandonment of the habit since his twenty-fourth year. The patient has never noticed any injurious effect from the vice on his physical or mental health. Physically he seems entirely healthy. Pollutions every three or four weeks. Nights and mornings erections are frequent, and they also occur during the day at thought of a woman. In spite of numerous attempts, the patient has not been able (in ten years) to perform immissio penis and complete coitus. Ejaculatio præcox and relaxation of the organ before introduction have made all attempts futile. His libido sexualis is very intense; he loves a girl and wishes to marry, but the thought of failure has become an imperative idea. At each new trial there is such intense psychical excitement that he breaks out in a perspiration. The patient came to consult me September 26th, and, though desiring help, he was so much under the influence of auto-suggestion that he could not be hypnotized. First trial, September 26th. Very slight somnolence. He denies the influence and wants to be put in a deeper sleep. On this occasion quiet and success in coitus were suggested. On the same day he sought a puella, but immediately lost his libido when he saw her padded breasts while undressing. The first trial was a failure, because no erection occurred in spite of tactile stimulus.

After a time, second trial. For the first time in his life the patient succeeds in bringing about immissio penis, but ejaculation took place with a relaxed organ immediately after its introduction; so that there was no gratification, though the emission took place in the vagina. Nevertheless, this is to be regarded as some progress.

September 27th the hypnotic procedures had a negative result, as did another attempt at coitus. At the door of a brothel the patient is overcome with fear and repugnance, and turns away.

October 4th, third hypnotic trial with the help of chloroform to overcome the unconscious but obstinate resistance. K. passes into the stage of excitement, which, by suggestion, I transform into hypnosis. Suggestive cataleptic symptoms. Energetic suggestion that coitus will be successful. On awaking the patient declares that he has not been influenced in the least, but he has but a partial memory of it. He is

still possessed by the imperative idea that he cannot be hypnotized. An attempt at coitus on the same day was a fiasco. Since the patient can come only once a week, owing to his living out of the city, therefore he proposes to take a vacation for several weeks, that suggestions may be repeated daily and thus have a more powerful effect on his condition. In spite of the three first trials, the patient is but little improved. Considering his general condition, age, etc., the prognosis seems favorable. Before his departure I assure the patient that with a regular continuance of his efforts certainly coitus will gradually become successful; that he must not allow himself to be discouraged by failure.

November 15, 1891, the patient writes: "Unfortunately, I have not yet had any completely satisfactory results, though I must confess that since my first visit to you I have made some progress. I regularly have half an immission and can make five or six movements, but emission takes place after three or four. It is my intention to continue my efforts this winter by myself, and then next year to take your treatment. I think then to have success in a week."

January 30, 1892, the patient writes: "After many attempts with this single person, I was so far successful that, with proper approach, I was able to perform the act fully. However, whether I could perform coitus with others at any time seems doubtful to me. As soon as I can subject myself to further suggestive treatment at your hands, I think I shall be completely cured."

In this case absolute impotence has become relative. The improvement of November, which in the table is given as slight improvement, has become a relative cure, due to suggestive treatment.

Case 36. *Personal Observation. Relative Impotentia Cœundi Psychica with Neurasthenic Symptoms. Suggestive Treatment. Negative Result with Reference to Sexual Weakness; Positive with Reference to the Nervous Symptoms.*—X., aged 36, landed proprietor, married, childless. Parents, especially father, nervous. In youth, masturbation. Patient very much "spoiled" in rearing; anxious about his health to the extent of silliness. Constantly in fear of apoplexy because of congestive symptoms due to rich food. Strongly built, large, abundant adipose. Internal organs, lungs, heart, without demonstrable disturbance; sometimes nervous, disagreeable cardiac palpitation. Abdominal organs normal. Penis and testicles somewhat small, but, according to statement of physician, functionally capable. Trials have proved this. Sleep and appetite, with few exceptions, excellent. In short, the patient may be called a healthy man physically; on the other hand, his great anxiety is a mental abnormality, causing changing hypochondriacal moods with rela-

tive impotence. Energetic advice and dietetic rules have, thus far, always had a good influence, but have been insufficient to bring about cure. Aphrodisiacs (mild) proved worthless. This from his physician, who sent him to me October 17, 1889.

The patient was remarkably anxious and very reticent in his communications. Therefore, on the first day it was not possible for me to learn the details and causes of his psychical impotence. The first sitting, therefore, could be regarded only as a test whether the patient was susceptible to suggestions or not.

With the use of the method of Bernheim and Liébeault, the patient passed into somnambulism. Complete hypotaxis, suggestive catalepsy, and post-hypnotic amnesia. Decrease of nervous excitability and anxiety and disappearance of palpitation suggested. Success in coitus in the future. The patient left the same day. The effect on his general condition was favorable. According to the statement of his physician, the patient was much improved by the sittings held during the next week; was less excited, and made no complaint. Still, his impotence remained unchanged, as I had foreseen. The patient could not follow my advice to submit himself to treatment for several weeks for his impotence.

On the occasion of a visit to his home, October 27th and 28th, I hypnotized the patient twice, with the same success as on the 17th. Again, according to the physician's statement, the suggestions quieted him and improved his condition, without having any special influence on his sexual sphere. In a letter of December 7, 1890, the physician reports his condition as "very satisfactory."

The foregoing case, on its negative side, is not especially instructive. As I learned in the course of treatment, the patient was able to have congress with other women, but not with his wife. His wife seemed to be a natura frigida; at any rate, she does not know how to respond to her husband. In such a delicate case, as long as there is no sympathetic assistance on the part of the wife, the treatment of the husband alone must remain fruitless.

In such cases it is always the part of the physician to prepare the wife mentally, eventually by means of hypnotic suggestion; that is, to remove any possible indifference or want of proper interest constituting a mental impediment. I am convinced that in the foregoing case the married life could be made happier if both parties could be subjected to systematic treatment.

Case 37. *Personal Observation. Impotentia Cœundi Psychica on a Neurasthenic Basis Cured by Suggestion.*—A. B., aged 33, physician, without hereditary taint. The patient has had no severe diseases aside from typhus in his youth. Sexual desire appeared in his tenth year. From this time, onanism without noticeable effect on the nervous system. Abandonment of the habit with the beginning of hetero-sexual intercourse. Congress was successful without especial difficulty till his thirtieth year. Patient is without libido nimia, moderate on the whole. Gonorrhœa, which lasted a long time, made coitus impossible for a long period. After recovery, hyperæsthesia of the glans remained, with irritable weakness of the sphincter vesicæ. On attempting coitus, violent mental excitement, with feeling of anxiety; erection impossible. Impotentia cœundi. The patient was treated for a long time by noted specialists with cold sounds, electricity, etc., without noticeable success.

B. is about to become engaged, and is unhappy over his condition, which constantly takes up all his thoughts. His sleep is undisturbed, though he has erections and pollutions. At Professor Forel's advice, he seeks help from me by means of hypnotic treatment.

October 29, 1889, first attempt. Complete hypotaxis, suggestive catalepsy, and impossibility to voluntarily overcome contractures. Patient quieted by suggestion; prospect of complete virility given with diminution of the troublesome sensations. No post-hypnotic amnesia. On the same day coitus is twice performed with a prostitute without the former excitement.

October 30th. The hyperæsthesia, which compels the patient to think constantly of his trouble, is unchanged. Second hypnosis; suggestions the same as on the 29th. Sexual congress again to-day; complete erection, but ejaculation premature.

October 31st. Hyperæsthesia unchanged. On this day and on November 1st removal of his attention from his own person energetically commanded; other suggestions the same. The patient thinks less about his condition; weakness of the sphincter of the bladder does not cause any more complaint; simultaneous diminution of the hyperæsthesia, though it is still present. Business calls the patient away before conclusion of treatment. He wrote me December 3, 1889, that "shortly before taking the train I performed coitus perfectly," but, unfortunately, he contracted gonorrhœa, which prevented further efforts. At the conclusion of his letter the patient expresses a desire to return to Munich, as soon as circumstances allow, to perfect the success already obtained. When I met him, about a year later, the patient informed me that he required no further treatment after his recovery from the gonorrhœa. Power continued permanent, and the troublesome symptoms gradually disappeared.

In the foregoing case, in four hypnotic sittings, all that was possible was attained; that is, by removing the psychical inhibition the patient was lastingly convinced of his sexual power, which exercised a favorable influence on the hyperæsthesia, also probably due to psychical causes.

The patient owes his cure to suggestion. It was permanent. Exactly two years later, in October, 1891, the patient relapsed as a result of severe nervous disease.

Case 38. *Personal Observation. Impotentia Cœundi Psychica et Nervosa Irritativa (Atonica?) of Twelve Years' Duration Cured in Two Months by Suggestive Treatment.*—S., aged 34. Mother died of dropsy, father of tuberculosis. One sister healthy, a second has diseased eyes. Maternal uncle and his son epileptic. S. was healthy as a child. At the age of 15 was manustuprated by a servant-girl; this led him to mutual onanism, without, however, allowing the boy to perform immissio penis. "I stood," as he said, "at the well without being able to dip from it." This intense excitation of his libido sexualis led him to auto-masturbation, which for the first two or three months he practiced two or three times a day; later, several times a week. At 18 he practiced it but once a week. At that time he reveled in lascivious pictures, and increased his power of fancy by looking at obscene photographs and artificially retarded ejaculation in the onanistic act. As a result, intense sexual hyperæsthesia, infrequently ejaculation through mental stimulus alone with intense lustful feeling. At the age of 22 he gave up masturbation. First coitus fairly successful, but without the expected satisfaction. He was much occupied with erotic thoughts, and from this time experienced impotence growing more and more pronounced. He remembers to have performed coitus only once with complete satisfaction, and that with an attractive servant-girl. Defect and want of erection, premature ejaculation, sometimes with relaxed organ, and diminution and complete absence of pleasurable feeling sent him, at the age of 23, to physicians; and he has now been treated for eleven years without any essential change in his condition, and that in spite of a favorable prognosis in general. Hydropathic and electrical treatment in all possible forms fruitless. In 1889, gonorrhœa from an attempt at coitus, which lasted till February, 1890. Orchitis due to the use of sounds (?), but probably the result of the gonorrhœa. Previous to beginning treatment with me, careful treatment with bougies for five months with galvanism. Gymnastic exercises, in spite of prescription, were not carried out systematically enough.

The patient appears intelligent, but his memory has suffered much. Depressed, confused; want of energy, incapable of determination, a cer-

tain apathy. He has no interest in anything. Phlegmatic temperament. Very corpulent. Genitals fully developed. Right hernia; tendency to it on the left side. Penis short and thick; glans blue and remarkably insensitive. Both testicles sensitive to hard pressure. Left epididymitis; cord harder than usual on palpation. Spermatozoa are present, but with diminished vitality. It is also demonstrated microscopically that there is no remnant of gonorrhœa. Patient has occasional pollutions (about once a month), especially frequent nights and mornings, sometimes during the day, with powerful erections. His libido sexualis is very lively, but in attempts at coitus inhibitory ideas and feelings of anxiety (fear of infection, of impotence) are so dominant that erections do not occur, and his libido is changed to an irresistible disinclination for the act. The merest trifle—want of neatness in the puella, etc.—may call the inhibitory mechanism into action. Looked at from this stand-point, especially considering the erections and the living spermatozoa, the patient, as all physicians have declared, has impotentia cœundi psychica; but he also certainly exhibits the result of onanism (as described above) in signs of irritable weakness, as well as a diminution of virility manifest in his character, which depends not only on psychical inhibition, but is in contrast with his intense libido sexualis. The want of lustful feeling and anæsthesia of the glans are due undoubtedly to the hyperexcitation of the reflex arc by onanistic excesses. Therefore, the diagnosis is impotentia cœundi nervosa irritativa et psychica.

October 1, 1891, first hypnotic attempt. Somnolence which, from sitting to sitting, aided by darkness and a pleasant reclining attitude, is deepened to sleep. Suggestive catalepsy. During October daily hypnotic sittings, lasting from one-half to three-fourths of an hour. Suggestions: Self-confidence in coitus; assurance of success in it; increasing pleasure; pleasanter mood. Daily repetitions of these suggestions. Frequently, after the end of these sittings, erections and libido sexualis occur. During the night of October 14th the patient had a pollution, with increased pleasurable sensation.

October 18th, on the way to a brothel, he was seized with fear of making a fiasco. He turned back; depressed. During the first half of October, two visits to a puella without the occurrence of erection. Forbidden to induce erection by tactile stimulation. During October the patient had powerful erections either at night or on waking in the morning, sometimes during the day.

October 27th, first attempt at coitus. On my advice, the patient waited (without tactile stimulation) for the spontaneous occurrence of erection. After it came on, perfect immissio penis, but disappearance of the erection during the act. Thereafter help at the hands of the puella. Then followed correct performance of the act, with ejaculation at the proper time (neither premature nor retarded), and a feeling of satisfac-

tion, even though the intensity of lustful feeling was not up to what the patient desired. Post-coitum and the next day, a feeling of repugnance at thought of sexual congress, with depression. The sexual indifference disappeared in two days. Awakening of self-confidence by suggestive stimulation. Early in November renewal of erections. After November 5th, faradic penciling of the glans to increase sensation.

November 9th, a visit of two hours with a puella without the occurrence of erection. Depressed by the failure. The night of November 12th the patient spent with a puella. Again complete failure. The assurance that he had not made a proper choice, and daily treatment with faradic electricity and hypnosis caused the patient to make a new attempt with a prostitute known for her attractive qualities. During the night of November 20th, which he spent with her, erection occurred spontaneously. Complete immissio penis. Continuance of erection. Friction was really felt, and ejaculation was not premature. More lustful pleasure than usual, but still not intense enough to satisfy the patient. The mechanical part of the act had been perfectly successful. The patient is happy; self-confidence increases. The next day after the act erection occurred twice, in complete contrast with the repugnance for everything sexual which had previously occurred and lasted several days after such an attempt. Treatment with hypnosis and electricity continued.

November 24th, he comes and delightedly reports that he had performed coitus the preceding night to his entire satisfaction. Erection spontaneous and continuous, without any aid; immissio penis and ejaculation perfectly normal. This time the patient experienced a pronounced lustful feeling. Erection occurred five times on the day following this attempt. He had experienced nothing like this in ten years. Performance of coitus again on the night of November 26th, with the same success.

Since the patient has performed coitus perfectly three times in the last three weeks without depressing or weakening effect, he can be discharged as essentially cured. In other respects the hypnotic treatment has benefited him. He was hypnotized twenty-six times, and electricity was used twenty times.

I take the following from notes of his condition sent me by the patient:—

"The undersigned, who was under medical treatment for twelve years for impotence, without having received the slightest benefit, began suggestive treatment September 30th. Suggestion exerted a beneficial influence at once, for erections occurred normally and more frequently than formerly. After a week a pollution occurred, which was repeated in four or five days, while of late years such an event was extremely

infrequent. About the end of November it became possible to perform coitus three times in seven days. On the second occasion lustful pleasure was perceptibly greater than the former minimal pleasure. The disease which for twelve years defied medical art may be regarded as cured by suggestion."

Several months after discharge the patient wrote me that the power of erection had only increased after his departure (every night three or four erections, sometimes five or six). He performed coitus repeatedly satisfactorily in all respects; on some occasions it was not completely successful, for which he blamed the other party. Later, he contracted gonorrhœa. Thus, the power of erection and to perform coitus remained perfect in all essential points after discharge. The patient, therefore, may very justly be regarded as cured.

Concluding Remarks.

As the table (next page) shows, of 18 patients there were:—

Cured, { with later report, . . . 4 / without later report, . . 6 }	10 =	55.56	per cent.
Essentially improved, ...	1 =	5.56	per cent.
Slightly or temporarily improved, .	2 =	11.11	per cent.
Treated without success, ...	5 =	27.77	per cent.
	18	100.00	per cent.

Of the 18 patients, 6 passed into somnambulism, 5 into hypotaxis, and 3 into somnolence; in 2 cases hypnosis could not be induced. One patient was treated in the waking state. In another case the degree of hypnosis was not given. No case in a female was treated. The number of sittings varied from one to fifty-six. Ten patients were cured. According to the foregoing figures, the prospect of success in the treatment of functional or psychical impotence by hypnotic suggestion is 60 per cent. At the same time, it should be remembered that in some cases systematic treatment could not be carried out; and that other cases, owing to the want of success by other methods of treatment, are to be regarded as having been given up or as especially difficult.

Almost all impotent individuals (according to Fürbinger, without exception) are neurasthenic, and are, therefore, difficult

Cases.	Reporter.	Sex.		Age.							Sittings.	Somnolence.	Hypotaxis.	Somnambulism.	Failure.	Improvement.			Cure.		Relapse.	Remarks.
		Male.	Female.	1–10.	10–20.	20–30.	30–40.	40–50.	50–60.	60–80.						Temporary.	Great.	F'th'r Co'rse Unknown.	With Later Report.	Without Later Report.		
21. Psychical impotence.	Renterghem.	1	..	..	..	1	..	..	..	..	8	..	..	..	..	..	..	1	..	1	..	Treatment by larvated waking-suggestion.
22. Psychical impotence.	Renterghem.	1	..	..	..	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	Hypnosis impossible.
23. Functional impotence.	Renterghem.	1	..	..	..	..	..	1	..	..	30	1	..	..	1							
24. Relative impotence.	Renterghem.	1	..	..	..	..	..	1	..	..	5	..	1	..	..	..	..	..	1			
25. Psychical impotence.	Liébeault.	1	..	..	..	1	..	..	..	..	5	..	1	..	..	..	1	..	..	..	1	Compelled to abandon treatment.
26. Impotence from auditory hallucinations.	Liébeault.	1	..	..	..	..	..	..	1	..	?	..	?	..	..	..	..	1	..	1		
27. Psychical impotence.	Bernheim.	1	..	..	..	1	..	..	..	..	35	1	..	..	1	..	..	..	..	..	..	Treatment for seven weeks, with thirty-five sittings.
28. Impotent neurasthenic.	Bernheim.	1	..	..	..	1	..	..	..	..	10	..	..	1	..	..	..	1	..	1		
29. Relative impotence.	Bernheim.	1	..	..	..	..	1	..	..	..	6	..	..	1	..	..	..	..	..	1	..	Probable success.
30. Psychical impotence.	Bernheim.	1	..	..	..	1	..	..	..	..	40	..	..	1	..	..	..	..	1	..	..	Forty sittings.
31. Psychical impotence.	Bernheim.	1	..	..	..	1	..	..	..	..	13	..	..	1	..	..	..	1				
32. Functional impotence.	Moll.	1	..	..	..	..	1	..	..	..	44	..	..	1	..	..	..	1	..	1		
33. Functional sexual weakness.	Author.	1	..	..	..	..	1	..	..	..	1	..	..	..	1	..	..	..	..	1	..	Idiosyncrasy against hypnosis.
34. Paralytic impotence.	Author.	1	..	..	..	..	..	1	..	..	4	1	..	..	..	1						
35. Psychical impotence.	Author.	1	..	..	..	1	..	..	..	..	3	..	1	..	..	1	..	..	..	..	..	Chloroform necessary; still under treatment.
36. Impotentia cœundi psychica.	Author.	1	..	..	..	..	1	..	..	..	3	..	..	1	1							
37. Neurasthenic impotence.	Author.	1	..	..	..	..	1	..	..	..	4	..	1	..	..	..	..	..	1	..	1	Treated two years.
38. Impotentia psychica et nervosa irritativa.	Author.	1	..	..	..	..	1	..	..	..	56	..	1	..	..	..	..	..	1	..	..	Under observation four months after discharge.
Total	. . . . .	18	..	..	..	8	6	3	1	..	268	3	5	6	5	2	1	5	4	6	2	

to hypnotize. The increased sensitiveness to auto-suggestion, the result of irritable weakness of the brain, may be regarded as a direct symptom of the neurasthenia. The inhibitory imperative idea of sexual inability, as an auto-suggestion, especially resists suggestion from without, if it is not possible so to mask the psychical procedure that the brain, in spite of mistrust, will accept it; or if the psychical erethism, which is constantly or occasionally present in the majority of neurasthenics, prevents the necessary concentration of the attention and the beginning of the hypnotic state. To hypnotize neurasthenics is one of the most difficult tasks for the psycho-therapeutist, demanding great circumspection, practice, patience, and time. Only after forty sittings (Case 31) did Moll succeed in inducing hypnosis deep enough to permit the suggestive induction of the most various hallucinations. In one of my patients (Case 33) the disinclination to be hypnotized (probably as a result of perverse ideas connected with it) was so great that the patient would not allow a second attempt. In another case (35) the patient had convinced himself (auto-suggestion) that he could not be hypnotized, and I required the assistance of chloroform. This imperative idea was so strong that, in spite of partial amnesia after waking, the patient declared that he had not been influenced in the least.

The word "hypnosis" and the prevalent opinions concerning it lead many patients to believe that sleep is necessary for the success of the therapeutic suggestions; and there is no idea of sleep for them when, after waking, they remember the events of the hypnosis. Though sleep favors the objectivity of suggestions, it is not necessary, and actual sleep occurs in only about a third or a fourth of all patients hypnotized. Many somnambulists are minds awake, but without memory after the hypnosis; they speak, walk, and do not present the appearance of sleep in any way, but think that they have slept because they remember nothing. The opposite of this illusion of sleep is presented by those persons who actually appear to sleep,—dream, snore, etc.,—and still, after waking, protest that they have not been really asleep. Such patients often have but an

indistinct memory of the events of the hypnotic state, and are often deceived concerning the time sleep has lasted. How little weight is to be given to the memory of patients in this state of self-deception is shown by the fact that suggestion may awaken or destroy post-hypnotic memories. The word "hypnosis," in its reference to sleep, does not comprehend clearly enough all suggestive phenomena. Therefore, I can only agree with Professor Bernheim when he suggests that the word "hypnosis" be abandoned, and proposes as a substitute the expression "state of suggestibility."

The false views which neurasthenics especially have formed of hypnotism, which they often look upon as dangerous, may be the starting-point of bad effects due to auto-suggestion, which, however, have nothing to do with hypnosis *per se*. In the cases reported there were no unfavorable effects of any kind; on the contrary, in cases where the impotence was not affected, the influence on the general condition and nervous symptoms was favorable.

After the details set forth in this section there can no longer be any doubt that, if need be, in psychical and functional impotence, suggestive treatment in hypnosis is indicated as the most effectual procedure in psycho-therapeutics, and that henceforth it should be more extensively used and receive more careful consideration than heretofore.

III. SEXUAL PARÆSTHESIA.

CHAPTER VII.

THE FORMS OF SEXUAL PERVERSION WITH REFERENCE TO THE THEORY OF PROFESSOR VON KRAFFT-EBING.

Definitions and Classification.—Von Krafft-Ebing designates sexual paræsthesia as the excitability of the sexual instinct to inadequate stimuli. Every expression of sexual desire which does not correspond with the purpose of nature—procreation—is perverse. This manifestation of the sexual impulse often occurs in connection with hyperæsthesia, and may find satisfaction with the opposite or the same sex; in accordance with which von Krafft-Ebing distinguishes hetero-sexual perversion and homo-sexuality. The impulse toward the same sex with diminution or entire absence of feeling for the opposite sex is, in accordance with Westphal's [1] suggestion, called "contrary sexual feeling." By this expression Westphal means that the phenomenon does not always affect simultaneously the sexual desire as such, but that merely the feeling, the whole inner disposition, becomes different from that of the sex, as a simultaneous, undeveloped degree of the pathological phenomenon. In our opinion, to which we shall later recur in more detail, in all genuine cases of contrary sexual feeling the sexual instinct is implicated; so to speak, it is the starting-point, the centre around which all other symptoms are grouped. Therefore, changes of character approximating that of the opposite sex, without implication of the sexual sphere, do not seem to us to deserve the name of contrary sexual feeling.

In the manifestations of paræsthesia sexualis, according to their practical significance, we differentiate two groups:—

I. Inversion of the sexual feeling (contrary, or homo-sexual, feeling).

[1] Westphal, "Conträre Sexualempfindung," Archiv für Psychiatrie, Berlin, 1869, Bd. ii, Heft 1, p. 107.

II. Perverse activity of the sexual impulse (without reference to the object.)

I. *Inversion of Sexual Feeling.*[1]—Group I is divided by von Krafft-Ebing into two important classes:—

(*a*) Acquired abnormal contrary sexual feeling.

(*b*) Congenital abnormal contrary sexual feeling.

The prerequisite for the development of homo-sexuality is a neuropathic nervous system (Moll and von Krafft-Ebing), which may be either acquired or congenital. Besides the predisposing cause,—the neuropathic condition, according to von Krafft-Ebing,—there must be an exciting cause, to induce the manifestation of contrary sexual feeling. According to the same author, as an acquired abnormal phenomenon, it occurs but infrequently. He gives only four cases[2] as the result of cultivation, in contrast with forty-three cases in which inheritance plays a *rôle*. Acquired contrary sexual feeling passes through the same stages as does the congenital. In development the following varieties are to be differentiated (von Krafft-Ebing):—

1. With predominating homo-sexual feeling there are traces of hetero-sexual feeling (psycho-sexual hermaphroditism).

2. There is inclination only toward the same sex (homo-sexuality), horror feminæ (limited to the vita sexualis).

3. The whole mental existence (character) corresponds with the abnormal sexual feeling (effemination and viraginity[3]).

[1] In the eighth edition of Psychopathia Sexualis, von Krafft-Ebing distinguishes four stages in the process of transformation of sexual feeling:—

I Degree: Simple inversion of the sexual feeling. The patient is still in an active *rôle*, and looks upon the impulse toward the same sex as an aberration.

II Degree: Eviration and defemination. Transformation of the character, the feelings, and the inclinations to those of a female, or *vice versâ*.

III Degree: Transformation to metamorphosis sexualis paranoica. The bodily feeling changed in the sense of a transmutatio sexus.

IV Degree: Metamorphosis sexualis paranoica. Delusion of sexual transformation.

[2] In Moll's opinion (*loc. cit.*, p. 157) of these four cases, three are not proof of the theory of cultivation, for in them there were traces of perversion during childhood and puberty.

[3] Tarnowsky (Die krankhaften Erscheinungen des Geschlechtssinnes, Berlin, 1886, pp. 11–14) describes the development of effemination as follows: "The first expression of shame is not in relation to girls or women, but toward grown men. The boy is ashamed to undress before a grown man. Dreams with pollutions are of embracing, kissing, and caressing men. Owing to the irritable weakness of these subjects, their love is violent and passionate. The youth is actuated by the desire to appear feminine, loves to put on female attire, to wear his hair long, and to go about with open neck and laced waist; he

4. The bodily form approaches that with which the abnormal sexual feeling corresponds. There is never, however, actual hermaphroditism (androgyny and gynandry). Feminine type (broad hips, rounded form, abundant development of adipose tissue, growth of beard spare or absent, feminine features, fine complexion, falsetto voice) in the male; development of mammæ, with production of milk at puberty (Case 80, "Psychopathia Sexualis").

As the most important influences contributing to the development of acquired contrary sexual feeling, the authorities mentioned enumerate: excessive masturbation, which injures character, instincts, and nervous system, and leads to mutual masturbation; and fear of pregnancy and venereal infection. Moll regards as acquired contrary sexual feeling only those cases where there was first manifested an inclination toward women, and later toward men.

When the inversion of sexual feeling appears as a partial manifestation of a "neuro-psychopathic" condition which is hereditary, the following signs are, according to von Krafft-Ebing's theory, distinctive:—

(*a*) Premature awakening of the sexual instinct.

(*b*) Enthusiastic exaltation; overpowering strength of desire; sexual hyperæsthesia.

(*c*) Functional and anatomical signs of degeneration.

(*d*) Neuroses (hysteria, neurasthenia, epileptoid states); irritable weakness of the lumbar portion of the spinal cord.

(*e*) Psychical anomalies (original eccentricities and deficient intellect, with one-sided mental endowment), even to the extent of weak-mindedness and moral insanity.

likes to perfume and powder himself, and to paint and pencil the eyebrows. There is developed that type of feminine male so disgusting to men and so repugnant to women, whom it is not difficult to recognize in the outward appearance. Of medium or small build; with broad pelvis, narrow shoulders, feminine gait, and a peculiar movement of the hips; with smoothed locks and ludicrous attire, the arms bearing bracelets; with smirks and gestures and volubility, they seek to attract the attention of men. The unfortunate creature, especially if he have a relatively weak mental endowment, does not understand that he is the more disgusting to normal men the more he seeks to imitate women. Since he is whimsical to the verge of hysteria, cowardly, pusillanimous, vindictive, and willful, he unites in himself all the defects of woman without her virtues, and possesses not a single one of the attractive features of the male character. Therefore, he is as repulsive to men as to women."

(*f*) Neuroses, psychoses, and signs of degeneration in progenitors.

"The hereditary element is the acquired abnormal inclination to the same sex, which in descendants is manifested as a congenital abnormal phenomenon." This hypothesis is supported by the facts that mental peculiarities and defects may be transmitted, and that individuals of contrary sexuality may beget children. In an observation by von Krafft-Ebing, father and son are affected with contrary sexuality.

According to von Krafft-Ebing, the first three degrees of congenital contrary sexual feeling correspond genetically with the developmental stages of the acquired anomaly.

The most frequent sexual acts in which such individuals find satisfaction are: coitus inter femora, in anum, in os; mutual, psychical, and tactile onanism; simple caresses; exhibition. Enforced intercourse with a woman is burdensome, while inadequate homo-sexual acts afford complete satisfaction. As a rule, there is no inclination toward immature individuals.

In homo-sexual intercourse the *perverse activity of the sexual instinct* may take the same form as in hetero-sexual relations; the manner of expression of the instinct and the excitation of it by means of partial impressions coming from the beloved object are the essential elements, while the sex of the individual giving rise to the impressions is subsidiary.

According to von Krafft-Ebing's brilliant explanations, in the various forms of this anomaly the combination of lust and cruelty is very striking. The two most intense emotions, love and anger, seek to expend themselves physically on their object; both throw the psychomotor sphere into violent excitement, and through this excitement attain their normal expression. Exaltation of the sexual emotion induces intense excitation of the whole psychomotor sphere, and gives rise to the impulse to exhaust itself in senseless and seemingly hostile acts, which are to be regarded, in a measure, as accompanying psychical emotions. The most powerful means with which to affect an individual are those which inflict pain. The aggressive *rôle* of the man may, where there is defect of moral feeling and absence of

normal deterrents, become so intensified as to end in the murder of the object of love. This pathological intensification of the manifestations accompanying the vita sexualis, following French usage, von Krafft-Ebing designates *sadism*. Acts of violence are colored with lustful feelings.

Pathological predominance of the specific feminine element, the instinct of subordination, to the extent of desire to endure pain and to submit absolutely to its power to the extent of experiencing lustful pleasure in abuse (overcompensation of physical pain by psychical lust), the same author calls *masochism*.

The terms *sadism* and *masochism* are derived from the names of the novelists, Marquis de Sade and Sacher-Masoch, who described the perversions. Even should these terms be adopted,—although they do not follow the usual rules of scientific terminology,—it seems essential to form a word the composition of which shall indicate the nature of these sexual anomalies. Such a word is offered in the term *algolagnia*, or *algolagny*, derived from ἄλγος = pain (adopted medically in this sense, as in analgesia, cephalalgia, and neuralgia) and λαγνός = sexually-excited lust; from the latter λαγνεια is derived, used by Hippocrates and Aristotle in the sense of seminal emission, by Xenophon in the sense of lust (Max Offner[1]). While algolagnia would designate the combination of cruelty and lust as a special variety of sexual perversion, *active* algolagnia would signify sadism, and *passive* algolagnia masochism (masochist = passive algolagnist, and masochistic = passively algolagnistic).

Lustful pleasure in inflicting pain and lustful pleasure in the endurance of pain are but two aspects of the same mental process, of which, according to von Krafft-Ebing, the essential element is the consciousness of active or passive subjection. Passive algolagnia in a man is the development of a sexual characteristic which, in accordance with her nature, belongs to woman, and it is to be regarded as partial effemination or rudimentary contrary sexual feeling. Cruel acts are the most intense means with which to express the relation of subjection.

[1] Max Offner, whose philological knowledge assisted in the formation of the above word, also proposed the terms "ækialagnia" = masochism, and "ækizolagnia" = sadism (from αἰκια and αἰκιζω), but they seem to me less suitable.

Though active and passive flagellation is the means most frequently used as an excitant by algolagnists, still there are other cases in which the relation of subjection is, to a certain extent, indicated symbolically, and as an accessory group of psychical hermaphroditism are those cases in which the passive inclinations of algolagnia are combined with others that are active.

The last group of phenomena of paræsthesia sexualis is designated "erotic fetichism" (von Krafft-Ebing and Binet), *i.e.*, individual valuation of the fetich—a part of the beloved person—to the extent of actual enthusiasm. Here the essential element is the emotional coloring of the idea of a portion of the beloved person, in a sense of sexual pleasure, which is peculiar to the individual. For the development of this form hyperæsthesia is necessary, and the substitute for coitus is usually found in onanistic acts.

Von Krafft-Ebing avails himself of Binet's theory of association to explain this variety of perversions. Sensual excitement occurs simultaneously with the sight of a portion of the beloved person. Sensory and optical impressions are associatively connected, and this connection is confirmed in proportion as frequent repetition of the feeling arouses the optical memory-picture. The fetich is an individual symbol which induces sexual excitement. It may consist of (*a*) a portion of the body (hand, foot, hair); (*b*) peculiar mental characteristics; (*c*) lifeless objects, articles of use which, as a rule, originally stood in some relation to "*a*" (derived from); as, for example, aprons and shoes. Von Krafft-Ebing, however, classifies shoe-fetichists as masochists (passive algolagnists), because the act of allowing one's self to be trod upon expresses masochistic desires.

Fetichism becomes pathological as soon as it is no longer exclusively a means of attraction, but a *conditio sine qua non* of virility (von Krafft-Ebing).

The foregoing *résumé* includes all the essential forms of paræsthesia sexualis in accordance with the classification of von Krafft-Ebing, with their various distinctive features, and suffices for this work and the following chapters, the purpose of which is to modify and enlarge this theory in some particulars.

CHAPTER VIII.

HISTORY OF THE DEVELOPMENT OF CONTRARY SEXUAL FEELING AMONG THE ANCIENTS.

In order to form a judgment concerning contrary sexual feeling,—that is, with reference to prognosis and therapy,—its etiology is of the utmost importance. The causes and the conditions of development of this pathological phenomenon are to be studied not only in the individual, but it is of the highest scientific interest to understand the influences which, in the history of peoples, caused and favored this perverse activity of the sexual instinct. For we find love between persons of the same sex in all times and among all peoples.

Age and Extent of Sexual Inversion.—In ancient times Asia was looked upon as the land of origin of pederasty. From here it spread westward. The most ancient historical sources give evidence of the existence of the vice in question. But the first discoverers of America found the vice among the aborigines. Thus, it was generally spread throughout the inhabitants of Panama;[1] in northern Mexico marriages took place between men, and those who were dressed as women were forbidden to bear arms. Travelers in North America[2] found among the aborigines men, attired like women, doing feminine household duties. According to Mantegazza, pederasty, mostly in the form of male prostitution, is spread among the natives of Alaska, Darien, the Aleutians, Madagascar, etc.; and, according to Hammond,[3] it is made use of for religious purposes by the Pueblo Indians of New Mexico. On the island of Ramrih,[4] on the other hand, women acted like men in order to stand at the head of affairs, and attached themselves to other women, with whom they lived as man and wife.

[1] Mantegazza, Anthropologisch. culturhistorische Studien über die Geschlechtsverhältnisse der Menschen, Jena, Costenoble, p. 118.

[2] This vice is so little the product of excessive civilization that it has been met in North America. Comp. Virey, Historie naturelle du genre humain, Paris, 1824, vol. i, p. 273.

[3] Hammond, *op. cit.*

[4] Sitzung der Berl. Psychol. Ges. vom. 15 Okt., 1868.

In his work, "Conträre Sexualempfindung" (Berlin, Kornfeld, 1891), Dr. Moll gives, in its essential points, a *résumé* of the history of contrary sexual instinct, which, beginning with the Bible and Greek mythology, he traces through ancient literature (Greece and Rome) to the cloister-life of the middle ages, and thence to modern times, giving interesting facts concerning historical personages who are under the suspicion of uranism (*e.g.*, Rudolf of Hapsburg, Michael Angelo, Shakespeare, Heinrich von Kleist, and others.). To avoid unnecessary repetition, I may permit this reference to suffice, and allow the reader to peruse for himself the exceedingly instructive historical portion of that work. The following statements, however, come in place here, since they are either deviations from the opinions of that writer or additions to his material.

Historical Conditions of Development.—History and folk-lore show that there has been spontaneous and, to a certain extent, idiopathic occurrence of male-love[1] and pederasty among various peoples and at various times, where there has been no possibility of a spread of the disease by means of communication between the natives of various regions of the globe. Uranism occurs as the product of a special development, for which the conditioning causes must be given in the relation of the sexes and, perhaps, too, in climatic conditions.

Most authors, especially Moll, state that the most important etiological influence in contrary sexual instinct is degeneration of the central nervous system, as that is understood with reference to neurotic or psychical taint. To be sure, it cannot be gainsaid that the majority of contrary sexual individuals are, at the same time, neuropathic. But this explanation does not show why the degeneration must be expressed in this kind of sexual perversion. Moreover, it is quite possible that the neuropathy occurs as a result of the feminine *rôle*. Finally, it seems to me by no means demonstrated that savage peoples in which homo-sexuality occurs manifested primarily a neuropathic disposition, upon which this vice was secondarily engrafted; it

[1] Contrary sexual instinct in women never attained such practical importance, socially or medically, as it has in men. Therefore, in this book, it receives but subsidiary treatment.

is necessary to show other signs of degeneration in them. And why must just this single deviation of the sexual instinct occur primarily as a sign of a neuropathic or psychopathic state? Why not, with the same right, include all the other sexual vices which the lively fancy of sensual Asiatics created, deified in the cult of Lingam and Phallus, and worshiped in the most licentious way in orgies in honor of Astarte (or Mylitta)? To make hereditary disposition alone or principally account for the origin of contrary sexual instinct is to push back the riddle and regard it as atavistic, but not to solve it. Then, the question is: What circumstances first caused the savage to seek gratification of his instinct in intercourse with his own sex? For, as with other hereditary peculiarities, it is certain that in the developmental history of man pederasty must once have been primarily acquired.

In proportion as the natural purpose of coitus, procreation, gave place to lustful lasciviousness, as we again and again find in folk-lore that it has, the usual manner of gratification lost the stimulus of novelty. The effort to bring about variations of the simple act of coitus called to life the theories of an unnatural Venus (Venus illegitima), in which, according to Rosenbaum,[1] every trace of the real purpose of the genitals finally disappeared. Wherever the impressionability of the genital centres has become weakened or dulled by sexual excess, we see that the human imagination seeks new and more intense means of stimulation in order to bring about the desired gratification.[2] Thus, for example, to-day there is scarcely a doubt that tribadism is most frequently encountered among prostitutes, and that, too, without the necessity of any previous predisposition. Moll cannot account for the transition to the same sex; still, the experiences in prisons show that unsatisfied sexual desire resorts, *faute de mieux*, to immediate compan-

[1] Ploss (Das Weib, Leipzig, 1891, p. 315) also shows that the lower a people is, the more disgusting the expression of their lust and animal sensuality becomes. Many primitive peoples made use of excessive means of excitation in order to incite feminine lust. As Cubary states, "On the island of Ponape, some men go so far as to place a piece of fish in the wife's vulva, so that they may gradually eat it out. This revolting act is continued until the wife begins to urinate, and then coitus is performed."

[2] Rosenbaum, Geschichte der Lustseuche, 1888, p. 119.

ions, and that mutual onanism and pederasty are frequently met in penitentiaries among relatives of the same sex. Here, at least, the original of primary homo-sexual pederasty forms the transition to pedicatio mulierum. This view also finds support in historical sources, which, however, are anything but abundant.

Pederasty as a Cause of Homo-sexuality and Castration. —In Asia, as in Italy and Spain, the female genitals, like the whole body, are greatly relaxed.[1] The sphincter ani is much more powerful than the constrictor cunni. And, with respect to this, we may consider Forberg's[2] statement: "Et voluptas quidem pædiconis facile intelligitur, cum omnis voluptas mentulæ pendeat ex frictione." The following passage from Paul's Epistle to the Romans (chap. i: 24, 26, 27) also indicates that pædicatio mulierum preceded actual pederasty: "Wherefore God also gave them up to uncleanness, through the lusts of their own hearts, to dishonor their own bodies between themselves: . . . for even their women did change the natural use into that which is against nature: And likewise also the men, leaving the natural use of the woman, burned in their lust one toward another; men with men working that which is unseemly."

After the unusual manner of obtaining gratification with women had once been exhausted, the feminine appearance of boyhood gave a new charm. Therefore, still to-day, as formerly, active pederasts prefer, as a rule, beautiful boys of an age when the masculine characteristics (beard, voice, etc.) have not yet become pronounced. "They have the same glance, the same delicacy of skin and form, the same breath of innocence as the maiden" (Max Dessoir). Next, only feminine charms in the male person became attractive, which, on account of the peculiar combination, were especially enticing to persons with perverse inclinations. In this way pederasty with males was learned,

[1] Comp. Martialis, lib. xi, Epigrams 22 and 79.

[2] Antonii Panormitæ Hermaphroditus, ed. F. C. Forberg. The apophoreta of the editor treats of "De figuris veneris," "De fututione," "De pædicatione," "De irrumando," "De masturbando," "De cunnilingis," "De tribadibus," "De coitu cum brutis," "De spintris." Comp., also, Rosenbaum, *loc. cit.*, p. 121.

and from it, later, arose castration and gynandry. The degenerative transformation of the male character while in the stage of development (puberty) first occurred as a result of adaptation to the necessary *rôle*. Therefore, the sexual instinct became transformed secondarily as a result of artificial cultivation. Effemination is, therefore, originally a phenomenon resulting from pederasty, and then, where, in spite of the sexual transformation, procreation took place, it may have exercised hereditary influence. With this view, the following citation from Lucian (Amor, chaps. xx, xxi) is of interest in connection with the history of pederasty:—

"Gradually descending from the height of morality into the abyss of sensuality, strange and unusual manners of gratification were practiced. Debauchery, which attacked everything, transgressed even the laws of nature, *and a man was taken for a woman*. Either animal passion was satisfied by force or cunning was used to obtain consent. One of the same sex thus placed himself in the power of another. But to each the sight of his own sex in his companion did not cause him to be ashamed of what he did or permitted. The boldness of some, in their despotic manner of life, went so far that they robbed themselves of masculinity with the knife. They reached the goal of their sensual desires only when they, as men, had removed their manhood. But the unfortunates, in remaining boys longer, are no longer men,—an equivocal expression of a double nature; for they know not to what they were born nor what they are," etc. Gradually, in Asia, pederasty became embodied in the worship of Venus.

According to the excellent descriptions by Rosenbaum, the expressions *εὐνοῦχοι* and *ἀνδρόγυνοι* at first signified nothing but "Kinäden" or "Pathici,"—*i.e.*, persons who sacrificed themselves in the temple in honor of the deity.[1] Thus is explained the teaching of the priests of Cybele, who emasculated themselves, it is said, in honor of the deity.

[1] Later, in Rome, the term "exoleti" (castrated) was used in the same sense. Comp. Aristotle, Polit, v, 8, 9. This fact seems to be little known. Thus, Mantegazza, who has written a long chapter upon sexual mutilation, does not mention it. Comp. Anthropol. Kult.-St., p. 132.

According to Hellicanus,[1] the practice of emasculating boys was derived from the Babylonians. The origin of the custom is attributed to Semiramis.[2] Still, as Steut[3] believes, it is probably much more ancient. Herodotus states (iii, 92) that the Babylonians were required to send the Persian kings each year five hundred eunuchs as tribute. At any rate, the traffic in eunuchs was very wide-spread. Tavernier relates (according to Steut, p. 8) that in the kingdom of Bootan twenty thousand eunuchs were made every year to be sold to other nations. Philo[4] also holds to the opinion that castration was principally a result of pederasty. "Some had such esteem for youthful beauty that they (the androgynists) desired complete transformation into females, amputated the penis, dressed themselves in purple garments, etc." Only at a later period was castration practiced after maturity had been attained, so that eunuchs could still the erotic desires of women without the possibility of producing pregnancy (Rosenbaum).

Eunuchism.—Steut, who, in his work, "Chinese Eunuchs," describes in detail the character, habits, duties, and preparation of the Chinese eunuchs, does not once mention their sexual intercourse with men; but he gives interesting explanations of the inner and outer transformations, in the sense of effemination, which occur in the eunuchs. He says (p. 38): "All eunuchs lose their natural voice; those that have been subjected to the operation in childhood have a voice which can scarcely be distinguished from the voice of a young woman, while those so treated after reaching maturity speak in a kind of broken falsetto. In general, the Chinese are not troubled with an abundance of hair, but the eunuchs are devoid of even the slightest trace of hair on the face. If one be possessed of a beard at the time of his castration, the hair gradually falls out, and, finally, the face is as smooth as a billiard-ball. It is scarcely necessary to mention that on the face of those castrated in childhood hair of no kind ever appears." When operated

[1] Donat. Terent. Eunuch., i, 2, 87.
[2] Marcell, xiv, 6.
[3] Steut, Chinesische Eunuchen (Leipzig, Schulze), p. 6.
[4] Philo, Opera, ed. Mangeg., ii, p. 465.

upon early, eunuchs often become corpulent, but their flesh is soft and relaxed. With advancing years they become thinner and terribly wrinkled. Castration seems to rob them of all that is manly; they grow old rapidly, and at the age of 40 look to be 60 years old.

In the performance of certain natural acts, eunuchs are very modest; and they will endure great inconvenience until they gain an opportunity to perform them unobserved. "This peculiarity is the more to be praised, since usually the Chinese are not in the least embarrassed when observed under such circumstances." They are not at all blood-thirsty, but much rather the opposite. Harmless and affectionate, they love all sorts of amusement. The slightest thing moves them to tears. They are loving to women and children, and exceedingly kind to the little dog with which almost every one is provided. In spite of their timorousness, they are irritable and excitable and cross, like women, but they are easily appeased; a trifle which another person would scarcely notice may throw them into an ungoverned rage. In general, the appearance of eunuchs may be called repulsive; yet young eunuchs are often very pretty and feminine. In fact, they might be taken for young women in male attire. As they grow older, one cannot help thinking that they resemble old women that have forgotten their sex and age and masquerade in the garments of the opposite sex. Too, they may be recognized at a distance by their gait. They take short steps, and hold the legs close together. In this way an independent observer describes the complete effemination of the eunuchs resulting from castration, without recognizing the original object,—*i.e.*, the cultivation of the female type in the male body for the purpose of pederasty.

Another reason for the occurrence of pederasty may be found in a deficiency in the number of women and in difficulties in the performance of coitus. Mantegazza[1] seems to have stated the truth when he says: "The errors of physical love all originate in two sources,—either in the difficulty or impossibility of gratifying it in the natural way, or in the desire

[1] Mantegazza, *loc. cit.*, p. 106.

to experience a new pleasure. That, in simple words, is the psychology of sexual vice, from Sodom to Lesbos, from Babylon to the island of Capri."

The Historical Origin of Uranism in Europe.—The Jews seem to have become acquainted with boy-love in Syria.[1] According to ancient authorities, the Persians,[2] the Celts,[3] and even the Germans[4] were acquainted with it. Pederasty, as already mentioned, was most practiced in ancient Babylon, in Sodom,[5] and by the inhabitants of Tyre.[6] From Asia uranism was spread by the Phœnicians or Lydians[7] (Welcher) first to Crete, and from there over all Greece.[8] According to Suidas,[9] the Italians were again the discoverers of boy-love, which was practiced in the most vicious manner, especially by the Etruscans, Samites, and Messipians. In the year 433[10] after the founding of Rome, this vice was practiced there. In the year 585 (B.C. 169), on the other hand, the Lex scantinia[11] was promulgated, which is indicative of the great extent of pederasty.

During the Empire, as is known, this vice took on an unrestrained character, and the horrible scenes under Nero, Tiberius, and Caligula mock all description.[12]

Greek Boy-Love.—The boy-love of ancient Greece is of the greatest historical significance. And, in our opinion, in the development and training of the Greeks, even during its period of greatest prevalence, this vice could never have played so important a *rôle*, even though, as with other people, it had been manifested only in coarse sensual enjoyment. The idealizing faculty of the Greeks was capable of ennobling a phenomenon which had its origin in common sensuality, and of transforming

[1] Genesis, xix, 4; Levit., xviii, 2; xxix, 13.

[2] Sext. Empiric., P. H. i, 152.

[3] Aristot., Pal., ii, 6; and Diodor. (v, 32). . . . "In spite of the great beauty of their women."

[4] Sext. Empiric., P. H. iii, 199. Described by the author only as "rumors."

[5] Genesis, xix, 4.

[6] Athen., xii, 517e.

[7] Æschylus, Trilogy, p. 356.

[8] Athenäus, Deipnosoph, p. 602.

[9] *Ibid.*, lib. xii, p. 517 *et seq.*

[10] Dionysius Helicarn. Exc., p. 2336, and Valer. Max., lib. vi, 1, 9.

[11] Juven., ii, 44a.

[12] Comp. Sueton, Nero, 28, 29; Dio, Cassius, Juvenal, Tacitus, and others.

it into an incentive to progress both in the individual and the masses, and to-day it stands unique in the history of that people. Like the idealized worship of Venus, uranism took on a spiritual form; in Athens "*pederasty*" became "*pedophily.*" The reckless violation of boys and honorable boy-love are to be strictly distinguished from each other in judging the male relations which existed in ancient Greece. Pederasty was not approved by the Greeks; on the contrary, originally, in Athens and Sparta, it was punished with dishonor, exile, and death.[1]

Still, the basis of the relations between youths and men remained sensual. Spiritual communion, pleasure in physical beauty, affection more intense than pure friendship, and close ties of fraternity (associations), though sensual enjoyment could never be more than that of the eyes, were the original features of pedophily. Nowhere do we find such a purification and idealization of this institution in education, philosophy, poetry, and art as among the Greeks; nowhere a similar respect for it on the part of the State and laws. Too, this fact is not altered by the circumstance that the limits of moderation—the bridling of sensual passion—set by individuals were also exceeded,—a condition which led to legal regulation of these relations.

Above all, according to historical evidence, pederasty, as long as it maintained its independent position, seems to have been regarded as a disgraceful vice by the Greeks (Sparta and Athens).[2] On the other hand, it cannot be denied that, in some Grecian States, boy-love never became elevated above the state of unnatural vice; for example, in Crete (kidnapping of boys and pederasty), Elis, and Bœotia,[3] and also in Phocis, Thessaly, Lesbos, Chalcis (*χαλκιδίζειν = παιδεραστεῖν*), etc.[4] But in the Ionic cities boy-love was absolutely forbidden.[5]

From the way in which boy-love first manifested itself in Athens and Sparta,—when it was most intimately connected,

[1] Comp. Realencyclopädie von Ersch und Gruber, "Päderastie," von Meier, who adduces abundant evidence of this.

[2] Comp. Rosenbaum, *loc cit.*, p. 196.

[3] "Böotische Knabenliebe" was, according to Plato, Xenophon, and Cicero, an equivalent of violation of boys. Comp. Ersch and Gruber, *loc. cit.*

[4] Comp. Theopomp. ap. Athens, 605a.

[5] Plato, Symposium, 182b.

during the golden age of Greece, with the greatest works of art and science, *and that without endangering in any way masculine strength and activity* displayed in numerous wars and in the games,—it is clear that this was not yet a degenerative transformation of the man into a woman (homo-sexuality) upon the basis of neuropathic disposition, even though sensual passion, frequently enough, may have surpassed the bounds of morality and law. Rather, the conditions of Greece give evidence that there, as everywhere, effemination was the direct result of pederasty. During the golden age of Athens pederasty and homo-sexuality were already quite well known and wide-spread; during the period of decadence and political dependence of Greece, pedophily lost its significance and male-love was known only in its vicious form. The vice of male prostitution was surpassed only by that of females during the period of decay.

Many authors, Moll among them, express the opinion that the prevalence of male-love is in inverse proportion to the esteem in which woman is held; and numerous examples in support of this view may be cited from the history of Asiatic peoples. It is certain that this factor played an important part in the peculiar development of Greek boy-love. The isolation of the women; their exclusion from the benefits of education and interest in the welfare of the nation, and from participation in the later education of children; the limitation of their activities to the simplest household duties; and their exclusion from the influence of improving and elevating social intercourse, rendered them incapable of taking part in the intellectual life of the men. The education of boys lay in the hands of the State; the relation between teacher and pupil necessarily took the place of paternal influence; the lover was the second father of the beloved.

Pedophily reached its highest perfection where gymnastics was most assiduously cultivated in the gymnasia and palesta.[1] The sight of the nude beauty of the youthful body in the highest state of strength and activity gave pleasure to the artistic sense of the Greeks and affected sensuality. This feeling was

[1] Plato, *Legg.* i, 636b.

deepened by the intellectual element which was fostered by education. Each lover necessarily became an example and guide for the beloved one in all that was beautiful and good. In Athens, the seat of philosophical boy-love, there were no public educational institutions, and all scientific and professional education was given by some approved elderly man to youths who became attached to him. This relation was brought about solely by inclination; for no honorarium was offered for such instruction[1]; and it took the place of our higher education. Finally, the necessity for the exercise of political influence by means of fraternities (associations) favored the development of boy-love. Indeed, in Sparta the members of the royal families were the beloved in boyhood and lovers when matured. In a sensual sense, the restraint between lovers was compared with that between parents and children, or between children of the same family. In Sparta, for example, the lover represented[2] the beloved in the popular assemblies, and kept by his side in battle; and there were instances of faithfulness unto death. The influence of the lover, in its effect upon the development of manly virtue in the beloved, was so great that not infrequently the lover was punished for the beloved. The mixture of a sexual element in these relations, originally so pure, induced a warmth of feeling which otherwise exists only between man and woman; the efforts to win favor led to the most violent jealousy; the delicate playfulness and the ways in which the lover expressed his feeling call to mind contrary sexual feeling, —spending the night at the door of the beloved; serenades; carving the beloved name on walls, on trees, and doors;[3] swinging garlands on the house of the beloved; presents of vases[4] on which were inscribed confessions of love.

This coquettish playfulness also expressed itself in poetry. The lyric poets, Pindar, Alcæus, Anacreon, and Ibycus sang of boy-love. Epic, elegiac, and bucolic poetry, and, later, the drama, each contributed its share. Even a woman, the Syci-

[1] Comp. Ersch and Gruber, Realencyclopädie, "Päderastie," von Meier, p. 837.
[2] Plutarch, De educ. puer., 14.
[3] Plato, Symposium, 184a; and Xenophon, Hiers., i, 35.
[4] Böetig, Sabin., i, 49, 7059.

onian poetess, Praxilla,[1] sang of male-love. The Greek gods and heroes glorified the fraternity of arms and the relations of the lovers.

Of the more familiar examples may be mentioned Zeus and Ganymede, Pelops and Poseidon, Achilles and Patrocles, Orestes and Pylades, Heracles and Hylas, Apollo and Admet; Adonis is beloved by Dionysius, Theseus by Minas, etc.

The most illustrious men Greece produced stood in the closest relation to the peculiar institution of boy-love. It will suffice here to allude to the following examples, which by their influence attained historical significance, and, in a measure, became the basis of political movements.

Solon[2] is reputed to have loved Pisistratus; Pisistratus,[3] Charmus; Charmus, Hippias, etc. The love of Harmodius[4] and Aristogeiton became the cause of the liberation of Athens from the tyrants (Aristogeiton's jealousy of the tyrant Hippias).

Aristides and Themistocles both sought the favor of Stesileos, which became the cause of their rivalry. The three great tragic poets, Æscylus, Sophocles, and Euripides, glorified boy-love both in poetry and life, as did Agathon and Aristophanes. The greatest sculptor of Athens, Phidias, loved Agoracritus and Pautarches.[5]

Of the famous statesmen who were devotees of boy-love, there were Alcibiades, Æschines, Timarch, Demosthenes, and Demetrius. Likewise, the most celebrated philosophers were given to it,—Socrates, Parmenides,[6] Plato, Dion, Phedrus, Alexis. Zeno,[7] the founder of the Stoa, seldom or never had intercourse with women, but only with beautiful boys, which must be regarded as a sign of beginning homo-sexuality. The Stoics were often reproached with having followed the example of their founder with only too much zeal.

[1] Athenäus, xiii, p. 603a.
[2] Plutarch, Erotic, 5, and Sol., i.
[3] Plato, Symposium, ix, p. 182b.
[4] Plutarch, Aristides, 2; Themistocles, 3.
[5] Pausanias, ix, 34; i and v, 11; iii and vi, 10b.
[6] Plato, Parmenides, 52n. Diogenes, Laërt, ix, 25.
[7] Athenäus, 563c.

Impure Male-Love in Greece.—The fact that Socrates[1] sought to elevate the wide-spread relation of pedophily and give it a moral direction illustrates clearly enough the frequent occurrence of pederasty during his time. On the contrary, in his philosophy, Zeno[2] goes so far as to place unnatural intercourse of boys and men on a level with natural sexual congress. It is no wonder that the adherents of immoral boy-love have ever sought to cover themselves with the mantle of Socratic and Stoic philosophy. This is not the place to determine to what extent, in individual cases, pedophily was abused for sexual purposes. There was no want, in comedy (Aristophanes) and in literary productions, of attacks, denunciations, formal complaints, and punishments directed against this form of indulgence; the whole of Greek literature gives clear evidence that, during the period of highest morality, immoral boy-love was regarded as a disgrace.

Solon showed his respect for boy-love[3] by the enactment of a law which denied it to slaves, and thus elevated it to be a prerogative only of free individuals. If, however, an Attic citizen voluntarily prostituted his person[4] for gain, the law punished him with life-long loss of all the rights of citizenship. Still severer punishments were inflicted upon those who committed the crime with minors. Between sunset and sunrise the grammar- and wrestling- schools were closed by law,[5] in order that, during the darkness, there might be no opportunity for the seduction of boys. Likewise, the children-festivals and attendance at the gymnasia were carefully regulated. On the other hand, barber-shops, ointment-shops, drug-stores, and bath-houses seem to have been the places of show where men in love dallied. The good old morality and education gradually gave place to effeminate practices, and male-love, previously regarded only as an error and indulged in secret, became more and more shamelessly prevalent. With this process of development, in ancient Greece, the history of contrary sexual feeling reached the stage where, on the foundation of base immorality and

[1] Plato, Symposium.
[2] Athen., 563c.
[3] Plato, Symposium, 182b.
[4] Æschines, contra Tim. fin., p. 44.
[5] Æschines, *op. cit.*, p. 36.

previous pederasty, homo-sexuality and effemination began to manifest themselves, owing to attempts to approach the required female sexual *rôle*.

Youths, as Aristophanes[1] says, sold their bodies for money, and boy-love became a means of livelihood. The pathici began to attract the attention of lovers by means of low, coquettish arts, and did not despise those of the toilet,—καλλωπίζεσθαι. If possible, they deprived their persons of every mark of masculinity; they gave themselves to vile uses in secluded spots, in private houses, on the walls, etc. Handsome young slaves were forced[2] to yield their bodies to their masters for gain, and live in actual houses of prostitution. The extent to which the puer venalis was characterized by his external appearance is shown by the Greek proverb: "It is easier to take five elephants under the arm than to conceal a pathicus."[3] Then male prostitution became a trade[4] that was taxed. The Senate of the Five Hundred farmed out this tax yearly to a man who collected it. Thus we see how the originally pure boy-love found its end in prostitution and effemination.

Θήλεια νοῦσος.—The following facts present us with the important proof, from historical sources, that the theory of contrary sexual instinct, as to-day set forth by von Krafft-Ebing, for example, was known to the ancients in all its essential points, both pathological and moral. Indeed, Rosenbaum,[5] by a careful investigation of various statements by credible authors, has shown that, for designating this class of men, the Greeks had a term which in meaning is identical with what Westphal named "contrary sexual feeling." Herodotus first applied this term to the Scythians, who learned pederasty in Asia (Ascalon in Syria), returned as pathici, and widely developed the vice in their native land. He says: "The goddess Venus Urania let θήλειαν νοῦσον fall upon them,—*i.e.*, *the passion or disease which transformed them into women.*" Among a people like the Greeks, whose intellectual development was of the highest order, male sexual intercourse was practiced only by a certain percentage of the

[1] Aristophanes, Plut., 153, 159.
[2] Lucian, adv. Indoct., § 23.
[3] Diog., Laërt., vi, 54.
[4] Æschines, p. 134 *et seq.*
[5] Rosenbaum, *loc. cit.*, p. 177 *et seq.*

people; on the other hand, with a race of small resistive force, like the Scythians, whose sexual character was never markedly developed, the whole transformation to the feminine type, both mentally and physically, took place much more readily in general, and thus became more striking to the foreign observer.

Spontaneous Origin and Cultivation of the Feminine Type in the Male.—Hippocrates referred this Scythian disease to constant riding, which induced frequent pollutions. Too, it was thought that nomadic life contributed to this, for the Scythians were not accompanied by their wives on their expeditions.[1] Many authors, Hammond[2] included, are of the opinion that excessive riding induces atrophy of the testes and consequent impotence. Those affected with the disease lost the physical and mental peculiarities of the male sex; impotence occurred, the beard disappeared, and the penis and testes atrophied. "Finally, the mind becomes so much affected that these individuals look upon themselves as women, dress like women, and assume the habits and pursuits of the female sex" (Hammond).

Too, among the modern descendants of the Scythians, the inhabitants of the Caucasus, impotence is said to be of frequent occurrence. Constant compression of the vesiculæ seminales and the prostate induces frequent pollutions, irritable weakness, and, as a final consequence, impotence.[3]

Two cases of Hammond's[4] are classical examples of the possibility of artificial transformation of a man into a woman; and they are briefly given here because they are of fundamental importance in the consideration of the origin of contrary sexual instinct. According to Hammond's report, among the Pueblo Indians of New Mexico it is customary to induce impotence in one native in each village and use him for pederastic purposes. This person is called a mujerado (mujeriego = changed into a woman). The first case was that of an individual, aged 35, dressed as a woman; the breasts were unusally developed and looked like those of a pregnant woman. He told Hammond

[1] Sprengel, Apologie des Hippocrates, Leipzig, 1792, Part II, p. 610.
[2] Hammond, *loc. cit.*, p. 106.
[3] Lallemand, Des pertes séminales, Paris, 1836, Part I, p. 581.
[4] Hammond, *loc. cit.*, p. 111 *et seq.*

that he had nursed several children whose mothers had died, and that he was able to furnish them much milk from his breasts. No pubic hair; penis much reduced in size; the scrotum contained the remnants of testicles; slight varicocele. He had been a mujerado for seven years; but, up to the beginning of that period, he had possessed all the sexual attributes of masculinity. At first his testicles became smaller, and with their atrophy he lost sexual desire and all inclination for masculine pursuits, and, therefore, sought female society. At first his penis retained its normal size. After the loss of erectile power the member soon became atrophic. He said that before he became a mujerado he had a large penis and testicles of the size of eggs,—a statement confirmed by his companion. His voice was high and thin.

The second mujerado examined by Hammond had atrophied penis and testicles, "which apparently consisted of connective tissue." Pubic region free from hair; breasts not especially developed; limbs full and round; hair only on the head; voice high and weak. His rude appearance was more that of a woman than that of a man. He was 36 or 37 years old.

As in the religious orgies of the ancients (priests of Cybele), among those of this race of Indians the mujerado is indispensable for the performance of the passive *rôle* in pederastic practices. For the production of a mujerado usually one of the most powerful men is chosen, and masturbation is practiced on him many times daily. At the same time he must ride constantly, and that without a saddle. Irritable weakness and diminution of the nutrition of the genitals set in. Then, in spite of orgasm, ejaculation becomes impossible, and finally it is no longer possible to induce orgasm. Then atrophic shrinking of the penis and testicles occurs. Simultaneously the man's courage disappears; he becomes timorous; all his influence and responsibility are removed, and he bears himself like the women of his race. Besides this, he tries to divest himself of all masculine characteristics.

The victim of the *νοῦσος Σκύλεια*, the Scythian disease, differs from the mujerado only in that what took place in the

former as the accidental result of certain customs and habits was artificially brought about in the latter for a distinct purpose. After this diversion, important for an understanding of contrary sexual instinct, we may return to the ancients.

Views of Some Ancient Writers Concerning the Pathicus. —The historical facts of the development of pederasty among the Greeks, as among the Scythians, confirm our view, previously expressed, that its artificial introduction among them, and the forcible performance of pederasty on boys, form the origin of contrary sexual instinct and effemination; and that then, through its effects, seriously injure the manly virtues of the people,—a process appropriately called "eviration." The transformation of the masculine type into the feminine, as a result of pederasty, was commonly looked upon as the revenge of outraged Venus.[1]

It was known to the ancients that the vice of pederasts was capable of transmission hereditarily to the members of a family in the form of disposition,—a confirmation of von Krafft-Ebing's theory of heredity. However, the same form of perversion did not necessarily appear. The case of Heliades,[2] who had been punished by Venus in the manner mentioned, had this reputation. Thus the orator Lysias[3] says of the family of Alcibiades: "The majority of its members had been prostitutes." Indeed, there was even a view that the pathici might be born with a predisposition to the vice,—an opinion which Parmenides[4] (509) expressed. While the author mentioned looked upon the basis of the disorder as mental, other writers, as Aristotle,[5] regarded the vice as a disease of the rectum. According to Aristotle, the seminal vessels conveyed the semen not to the rectum, but to the anus, and there excited pleasure and libido. Those affected in this way were, in his opinion, congenital pathici, from whom he distinguished those produced by habit (πεφυκότες and ἐξ ἔθους). Here we see the theory of Mantegazza foreshadowed, who looks upon the cause of a certain form of contrary sexual instinct as

[1] Euripides, Hippolyt, 5.
[2] Tragedy, Hippolyt, 124; and Lucian, Amores, c, 2.
[3] Lysias, Orat. contra Alcibiad., i, p. 550.
[4] Cœlius Aurelianus, de morb. acut. et chron., lib. vii.
[5] Aristotle, Problem iv, 26.

an abnormal distribution of nerves (to the rectum). Statements concerning the physiognomy and other marks of androgynes and pederasts are numerous; which, aside from the external appearances given them by the race and the customs of the times, in all essential features are comparable with those peculiar to the sexual perverts of our day.

Polemon[1] calls attention to the enticing, lustful glance of the androgyn, and says: "The hips are in constant motion. He speaks in a voice that is high and shrill, forced and tremulous."

Dio Chrysostom[2] thought he could detect pederasts by their sneeze. He says: "Thus sneezing revealed a man's real character, and in spite of all else would betray him." Rosenbaum thinks that during the act of sneezing the pederast attempted to control the sphincter ani, since it was weakened or destroyed, and could no longer perform its function. "Even with a normal sphincter it is often hardly possible, during the act of sneezing, to restrain the expulsion of gas or even fluid fæces."[3]

Lucian satirizes the customs and laws of the pederasts; "how they care for their persons, and pull out their hair; how pederasty is practiced, passively and actively"; their features, gait, voice; the bowed head; the powder, mastic, paint, with which they adorned themselves, etc.

According to Martial,[4] "these male prostitutes had their beards shaved as closely as possible, and the hair removed not only from about the anus, but from the whole body as well, in order to simulate the female person." They dressed entirely like women.

One of the most noted pederasts of Athens was Cleisthenes. Aristophanes made him the object of his satire. Later his name became a designation for pederasts.

According to the evidence adduced by Rosenbaum,[5] outraged nature revenged herself on the pathicus by assisting him

[1] Polemon, Physiognom., lib. ii, 9, 1, c, p. 290.
[2] Dio Chrysostomus, Tarsica, i, p. 410.
[3] Clemens Alexander, Paedag., lib. ii, c, 7.
[4] Martial, lib. vii, epigram, 57.
[5] Rosenbaum, *loc. cit.*, p. 179.

in his efforts. "Through distension of the anus the nates grow broader below, the intermediate space wider, so that the hips assume more the form of those of a woman; and the pelvis itself seems to widen. The thighs change their direction and the knees turn inward more and more; in short, the whole inferior half of the body takes on the feminine type. The mind follows the body; the character becomes feminine. The pathicus detests coitus with women, and does not marry as long as he can satisfy his lust. When increasing years deny him the ability to satisfy his desires, nature at last has denied him the power of procreation; the genitals refuse to perform their functions" (shrinkage from disuse, and paralytic impotence).

But psychical hermaphroditism—a transitional stage in the process of effemination—was also known to the ancients. Alcibiades held intercourse with both sexes; Dionysius practiced normal coitus and passive pederasty.[1] Therefore, the latter was called *ἀνδρογυνος*. While for the passive party in pederasty, the pathicus, there was an inclination to find an excuse in regarding the phenomenon as a pathological result of artificial cultivation,—as a person suffering with a *νόσος* (disease), *ἀνάνδρια*,—for the active party there was no excuse. He was regarded as a debauchee "who destroyed the virtues of manhood most useful in war and peace; who in their place substituted in the mind the *νοῦσος θήλεια* and created androgynes; and who, destroying manly virtues, and giving them the peculiarities and characteristics of an object of love, injured the lover in the most precious things of life,—body, soul, and possessions."[2]

The passion to become a woman—evidenced by all authorities—is everywhere manifest later in history than the practice of pederastic acts with boys and men, which, as a rule, are at first enforced. The spread of this perverse activity of the sexual instinct may therefore be regarded as the cause of the congenital disposition to play the *rôle* of a woman and become a pathicus. For the androgynes (psychical hermaphrodites) allow themselves to be used as women, and, besides, beget

[1] Lucian, De dea Syra, c. xvi.

[2] Philo, De vita contemplativa, p. 480, cited by Rosenbaum, *loc. cit.*

children; they do not, like the pathicus, need to suffer with *νοῦσος θήλεια*, but they may, for the sake of gain, prostitute themselves.

One of the best and most complete confirmations of the correctness of the foregoing views which throws a clear light upon the etiology of contrary sexual instinct among the masses is Philo's description of the unrestrained lust and vice of the Sodomites. "Not only did those taken with a passion for women dishonor the marriage-bed of others, but men even approached men; pederasts of the same sex were not ashamed to consort with the pathicus; expending useless seed, they despised the begetting of children. Disgrace was without effect upon those controlled by so powerful a passion. Later, those born as men accustomed themselves to play the *rôle* of women, and took to themselves the *νοῦσος θήλεια* as a vice against which it was vain to struggle. For not only the body, as a result of feminine conduct and manner of life, became feminine, but the mind as well was deprived of all male characteristics, and they destroyed, as far as they could, all masculinity." In another place Philo[1] speaks of those to whom the law-giver refused permission to frequent holy precincts: "He kept all unworthy persons from visiting the temples; he began with the androgynes,—those who were affected with the *νοῦσος θήλεια*; who distorted nature's order and assumed the desires and appearance of lascivious women. He expelled those whose testicles were concealed and whose genitals had been removed with the thought of preserving a youthful appearance and changing the masculine to the feminine type," etc.

Résumé of Conclusions.—Pederasty, as the foregoing citations show, had its origin in Asia; it was adopted by the Greeks and changed into the form of ideal pedophily. This peculiar institution exerted great influence in the development of the Greek nation, on politics, art, and science. But, as soon as pedophily degenerated into violation of boys, the results of the vice were not wanting. It then was looked upon as the curse of Venus for a sin against nature. Thus there arose the class

[1] Philo, De sacrificantibus, p. 261.

called pathici. These individuals correspond with our ideas of those affected with contrary sexuality in our day. But the necessary artificial *rôle* of woman caused destruction of manly virtues. "Since a man of sound reason could not possibly allow himself to be used as a woman, when he does so he must be suffering with a disease,—a *νόσος* which changes him to a woman (*θήλεια*)" (Rosenbaum).

Later, matured men became pathici, which was the first clear indication that this phenomenon was pathological, and, at the same time, nervous and mental affections occurred simultaneously, or as its results (impotence, dementia, etc.). Still, among the Greeks effemination never became general, as among the Scythians. Castration originated, as we have seen, from the desire of the pathicus to preserve the characteristics of youth, and, as I surmise, to prevent the development of the secondary sexual peculiarities (voice, beard),—which, according to the Darwinian theory, make their appearance at the time of sexual maturity,—that the greatest possible resemblance to woman might be attained. Further, the foregoing detailed account shows that the whole theory of contrary sexuality, with reference to cultivation and heredity as well as to the forms in which it manifests itself,—psychical hermaphroditism and effemination in its various degrees,—was known to the ancients. Contrary sexual instinct, however, historically considered, appears as the direct result of pederasty; and the latter, in the primary practice of it, is nothing more than a vice practiced on youth or man (perhaps by force), instigated by immoral motives. Only habitual practice of pederasty leads to degeneration and changes the sexual character of the passive party to that of the female,—*i.e.*, it induces an inversion of sexual feeling, which, once developed to a fixed peculiarity, is in a condition to exercise further effects through heredity.

During the decadence of the Greeks and Romans and of other nations, neuropathy and increasing degeneration gave the broadest basis for the prevalence of all forms of immorality, and, therefore, during the periods of moral decadence of the people, contrary sexual instinct appeared everywhere in the form of

complete effemination and public prostitution, often in combination with symptoms of insanity (Cæsarian insanity), and it is difficult in individual cases to determine to what extent this perversion of the sexual instinct represents the product of the practice of degenerate customs (prostitution) or of hereditary predisposition. This difficulty also explains the views of authorities, by whom contrary sexual instinct is regarded as the symptom, as a rule, of a degeneration of the central nervous system.

In sexual development, however, the original course, as we have shown, is different: as a result of moral contagion or other external cause, a normal race may come to practice pederasty; this gives birth to contrary sexual instinct, and the latter then leads, through transformation of character, to degeneration of the individual. Therefore, only secondarily can contrary sexual instinct, on the basis of hereditary predisposition of the central nervous system, become developed as a symptom of this taint.

CHAPTER IX.

HEREDITY AND EDUCATION IN THEIR ETIOLOGICAL RELATIONS TO SEXUAL PERVERSIONS.

The Importance of the Part Played by Heredity in Anomalies of the Sexual Instinct.—Owing to the frequency of their occurrence and the legal enactments concerning coitus-like acts between men, in the literature of anomalies of the sexual instinct contrary sexual instinct takes the most important place. Too, there is hardly another error of the sexual appetite besides that of sexual inversion that is so powerful in transforming the whole personality and character. The question concerning the causes and origin of this perversion, as shown by the opinions given in the celebrated case of the Countess V.,[1] is still unsettled; and, in spite of the valuable review of the etiology which Moll[2] gives after a careful consideration of the majority of the authorities, the question still seems to us to be an open one.

The more the number of cases increases in which permanent therapeutic results have been obtained, the less seems, in our opinion, the influence of hereditary disposition in the origin of this anomaly. The discovery and exact estimation of the hereditary factor and of the extraneous influences that have had a baneful effect on development form the basis of diagnosis and prognosis. As von Krafft-Ebing justly remarks, it might be presumed *a priori* that it would be impossible to remove or modify a congenital perversion. Hence the hopeless prospect offered to such patients by text-books on psychiatry, such as Kräpelin's.[3] He says, "There can be no thought of treatment of an anomaly like this, which has developed with the development of the personality and has its origin deep within it." If, however, in cases which are presumably due to hereditary disposition, a complete transformation of the psycho-sexual

[1] Friedreich's Blätter f. ger. Med., 1891, Heft 1, pp. 32, 33.
[2] Moll, *loc. cit.*, p. 156 *et seq.*
[3] Psychiatrie, 2 Aufl., p. 576.

character is brought about, there can be but two ways in which to explain it: either, in comparison with extraneous influences, the effect of hereditary disposition has been overestimated, or it is actually possible to compensate by suggestion the dire effect of hereditary factors.

For therapeutic nihilism, of course, the theory of heredity is the most convenient, and individuals of contrary sexuality, who, in numerous instances, have no consciousness of their abnormality (contrary to Westphal's idea), find in it a very welcome excuse for their peculiarity: they believe that they are justified in obeying an impulse for the manifestations of which, owing to its hereditary origin, they regard themselves as irresponsible. And therein also lies the reason why such persons, happy in their peculiarity, will know nothing of treatment. Usually it is not the anomaly of their feeling that brings them to the physician, but fear of conflict with the law, and sexual hyperæsthesia which threatens to betray them; or symptoms of progressive neurasthenia, which interfere with occupation and daily life, are the causes which lead them to seek medical advice.

Hereditary Disposition in General.—If the character of the child were determined in the mother's womb, to continuously unfold in post-natal life, then the influence of education would be illusory. To speak with precision, hereditary inclinations are nothing but the results of the habits of our ancestors acquired through repeated and multiplied acts,—*i.e.*, capitalized activity that lives and constantly grows by its own activity. This fact is also demonstrated, as we have seen in the foregoing chapter, by the history of the origin of contrary sexual instinct. Every individual benefits or injures his descendants through the series of acts which make up his life, and which, through habit, become transformed in descendants into hereditary disposition. The mechanism of heredity and our intelligence continually exert a reciprocal influence on each other. Custom, through heredity, becomes racial instinct, in so far as in the past a repeated act, which at first is to a certain extent reflex in the process of adaptation to surroundings, may become typical for the future.

Racial morality is the condition of our progress and self-preservation; the object of education is to influence our moral and immoral hereditary tendencies,—*i.e.*, to seek to control our animal instincts. The education of centuries is fixed in the present generation by heredity, and yet we see the mighty power of racial instinct continuously working atavistically. Thus, the war-like tendencies manifested in duels to-day are but the natural result of the battles of our ancestors. Still, every hereditary disposition, to become active, requires its specific excitant; and from this may be estimated the enormous force which education acquires in the selection of the influences which affect us. Every organism passes through developmental or retrograde changes in accordance with the multitudinous adaptations made inevitable by the struggle for existence. Physical peculiarities (constitution, stoutness, longevity) are inheritable, like temperament, lack of power of resistance to external influences, and certain diseases and dispositions to disease. However, within the broad realm of inexorable law there is still left sufficient room for the exercise of human influences. Pseudo-heredity depending upon the imitative tendency of children must also be taken into account. In large measure inheritance is something possible, but by no means certain. Defect in the father may be compensated by corresponding perfection in the mother.

For the most part, as von Krafft-Ebing also allows in contrary sexual instinct, only the disposition to disease is inherited. Whether and to what extent it is developed largely depends upon later extraneous influences. The theory of atavism makes it probable that generations apparently free from it still bore the disposition undeveloped and transmitted it. Of all nervous and mental diseases, irritable weakness of the nervous system is most frequently transmitted as a neuropathic disposition, and it may develop into neurasthenia, and thus become the foundation of nervous diseases, according to the kind and intensity of the injurious influences of life. But, on the other hand, a proper mode of life may do much to prevent the development of the hereditary disposition, and thus, in a measure, compensate it.

Predisposition and Pathogenetic Excitants.—In constitu-

tional diseases, as in tuberculosis, only a predisposition to them is transmitted. It is very seldom, even though it be demonstrated, that tuberculosis is directly congenital. Thus, the reports of Brehmer's sanatorium (Wiesbaden, 1889), gathered from 506 cases of tuberculosis, show that the children of tuberculous parents are by no means always tuberculous, but, on the contrary, the grandchildren relatively often. As Dr. Krocker[1] reports, Dr. Sommerbrodt treated, in 1885, a lady who was pregnant for the fourth time, but subject to progressive tuberculosis. The first three children had died of more or less pronounced tuberculosis. By a rigid observance of all means to prevent infection, not only was there success in saving the life of the fourth child, born in December, 1886, and preventing infection, but the same means were successful in the case of the fifth. One child is now 3 and the other nearly 4 years old, and both are blooming and healthy.

There could be no clearer demonstration of the fact that with inherited disposition to a disease there must also be the specific pathogenetic excitant in order to produce the actual disease. The etiological factors of predisposition and exciting influence operate analogously in contrary sexual instinct.

Heredity and Exciting Causes in Mental Diseases.—Like the majority of psychoses, the heredity of contrary sexual instinct presents the picture of polymorphia. Only in one case (von Krafft-Ebing) was the father said to be affected in the same way. As a rule, only a neuropathic disposition, a slight degree of mental weakness, or (according to Koch) psychopathic inadequacy is congenital. Whether, on the basis of this hereditary lack of resistive power, contrary sexual instinct must necessarily develop as the hereditarily-conditioned product seems questionable. Moll[2] avoids the answer, when he says: "Why in the one case the degeneration expresses itself in epilepsy, and in the other as contrary sexual instinct, we are as little able to answer as the question why, in taking cold, one has catarrh and another rheumatism."

[1] Comp. Krocker, Krankheitsursachen und deren Bekämpfung, Paetel, Berlin, 1891.
[2] *Loc. cit.*, p. 162.

In his very instructive work on direct heredity,[1] E. Sioli differentiates a class of psychoses in which hereditary transmission is complete; the same kind of delusions, like instinctive impulses, and a like fatal tendency to suicide are manifested at a like period of life, under the influence of definite causes of a similar nature. We shall see, later, whether in literature cases of contrary sexual instinct are to be found which can be assigned to this class.

More important for us, however, is Sioli's collection of families in which ancestors and descendants were affected with mental diseases which were, in descendants, caused more by demonstrable extraneous influences the effect of which could be ascertained, than by inheritance. Only *new* and *additional* injurious influences, or subsidiary causes, induced a psychosis in those descendants that showed no demonstrable disposition, or in those that presented signs of degeneration and lessened power of resistance; and the form of the psychosis either corresponded with that in ancestors or was transformed. Such subsidiary causes are: puerperium, puerperal diseases, unjust punishment, illegal pregnancy, head-injuries, etc.

These exciting causes may, when sufficiently intense, determine the form of the disease; still, the number of such psychoses is much smaller than those essentially determined by heredity.

The literature of contrary sexual instinct, especially the autobiographies of urnings, leads us to think that hereditary disposition, as a rule, has been overestimated, to the detriment of exciting causes. The possibility of direct inheritance of contrary sexual instinct, which, in infrequent cases, may develop in spite of all training, cannot be gainsaid, though a convincing proof of it has not yet been given. On the other hand, it will be our object to ascertain what influence exciting causes, especially of a sexual nature, may exert in themselves on the origin of this perversion.

In order to estimate fully and differentiate the causal factors (hereditary disposition and education) in the origin of

[1] Archiv für Psychiatrie u. Nervenkrankheiten, Bd. xvi, Heft 1–3.

the perversions of the sexual instinct, it seems necessary to consider man's normal sexual development.

Physiology of the Development of the Sexual Instinct.—The procreative instinct, corresponding with anatomico-physiological processes, develops relatively late in man.

The functional development and growth of the generative organs stand in definite interrelation to the cerebral cortex, where sensations and ideas (impulses) arise. Actual puberty begins, in the female, at the age of 13; in the male, at the age of 15. Until this time is reached there is usually no knowledge of sexual matters. Under normal conditions, with the help of education and imitation, the mental type corresponding with the sex is developed, which *per se* does not depend upon the processes in the generative organs alone. In early years the individuals are sexually neuter,—a state which Max Dessoir calls "undifferentiated sexual feeling."

We can neither assume that there is innate knowledge of the difference of the sexes nor the possibility of the inheritance of ideas at all. In this sense, from a strict psychological stand-point, there is really no "congenital contrary sexual instinct."

Like all animals, man acquires the most through practice and experience. Like the sexual instinct, the instinct for food, in its first blind expressions, is an impulse the purpose of which is only gradually comprehended, in that, striving for fulfillment, it brings about external impressions. Sense-impressions are at first necessary for the expression of the instincts; according to Wundt,[1] they alone bring about sensation and feeling. The idea of the mother's breast is not innate in the nursling, but an ill-defined sense of hunger[2] causes movements which finally bring about the satisfaction of the need. "With the first satisfaction comes an indistinct idea of external objects which present themselves in the act, and thus, with the sense of hunger, at once the reproduction of the image of these impressions becomes asso-

[1] Physiologische Psychologie, 1887, p. 231.

[2] Why speak of a sense of hunger here at all? It cannot be a sense or feeling of any kind. The movements are purely reflex, arising from organic conditions which at first, at this period of life, can have no relation to sense or sensibility.—TRANS.

ciated with the desire." Thus are developed the simple instinctive acts.

The development of the sexual instinct is to be conceived in the same way. All ideas in relation to it are the product of experience, even though the impulse belong to the congenital instincts. According to Wundt, only the conditions necessary for the origin of definite general sensations, and for the association of definite movements with these sensations, can be congenital. Thus the sexual instinct, in its first indistinct expressions, is conscious of no definite purpose, and, at first, there are only purposeless feelings (physically produced by the generative organs) and emotions, which are called longings and impulses, and to which, through sensory impressions, the strengthening materials are supplied. The instinct induces movements which, to a certain extent, are reflex, and leads to instinctive acts. The disposition to these movements is congenital; it requires only excitation by external impressions to bring it to complete development.

A pronounced feeling in consciousness accompanies the instinctive act. After organic sensations have excited the attention of the individual, the presentiments are transformed into clear ideas by sensory perceptions. The sight of his own person or of animals may, at first, satisfy the vague impulses, and contains elements from which the imagination creates images corresponding with the feelings.

Among animals the instinctive expressions, in accordance with the accompanying individual sensory impressions, may go astray. "Darwin reports that young pointers point at other dogs, a thing that experienced pointers never do. The scent of game induces the irresistible impulse to point, though there is no idea of the game itself" (Wundt).

Pathological Determination of the Undifferentiated Sexual Feeling by External Impressions.—In the indefiniteness of the original impulses—the sexual instinct as well as the instinct for food—lies the nucleus of the various errors to which the individual is subject. If, owing to external circumstances and education, the object which nature has created to induce sexual

excitement does not present itself to gratify the longing for satisfaction, then the desire for satisfaction, *faute de mieux*, turns to the next best means, especially when there is ignorance of the sexual relations.

With premature awakening of the sexual appetite, as a rule, the opportunity for normal sexual intercourse is wanting. Therefore, onanism, brought about by tickling sensations in the glans and erections, is the most frequent result of this sexual precocity. The sense-impression which accompanies the first orgasm, brought about by tactile or psychical onanism, owing to the intensity of the feeling, is much deeper than the majority of impressions. The new perception, owing to the feelings accompanying it, is retained, no matter how great disparity there may be in it. According to the intensity of the feeling, the individual judges of the value of the perception for the Ego. The perceptions, both in content and in time, are so intensely associated in thought that thereafter the lustful feeling is regularly accompanied by the reproduced image of the external accompanying conditions. For the very reason that the individual has experienced nothing of this kind before, he will the more recklessly abandon himself to the most intense pleasurable emotion that nature affords, the less resistive power there is in his nervous system as a result of hereditary disposition. There is, too, no other possibility than that the onanistic act of an inexperienced individual will reproduce the impressions, once discovered and brought about by external stimuli, until experience offers other material. For "nihil est in intellectu, quod non prius fuerit in sensu."

Simultaneously, owing to the nature of the feeling, occurs the impulse to repeat this experience for the benefit of the Ego. Thus it is deepened and completed. The thoughts which have arisen from inadequate external excitation are joined with others, brought into definite relation with the Ego, and the sum of these states of emotion becomes an enduring object for the personality. Through the frequency of its reproduction the definite idea may finally become imperative, and at last in itself be sufficient to produce sexual excitement. In dreams it

accompanies pollutions, and becomes the starting-point of sexual perversions. Since, in the schools, education has brought about a strict separation of the sexes,[1] it is highly probable that the first sexual promptings—where there is complete ignorance of sexual matters—will be directed anywhere rather than toward the opposite sex. The longings and promptings of puberty are intensified at first in the presence of another person, no matter whether it be a girl, a friend, a much-loved relative, or an honored teacher (Mme. Lambercier and Rousseau). The person in whom there is the greatest confidence and with whom there is the closest sympathy, and who is at hand at the moments of excitement, will, according to sex and accompanying circumstances, play the determining part in the origin of the perversion.[2] The close boy-and-girl friendships that may be seen in every school, owing to sexual coloring, take on a sexual character, even though the individuals be unconscious of it; and, therefore, kissing, embraces, jealousy, tears, etc., are common events. Then all that is necessary is sexual hyperexcitation, or tickling sensations in the genitals induced by masturbatic frictions (with the thighs), to intensify this sensation to an unknown lustful feeling, and, with reference to the accompanying thoughts, the sexual instinct is determined,—*i.e.*, the impulse, seeking satisfaction, has become conscious of its object, even though it be erroneous.

The accompanying psychical manifestations of sexual excitation—that is, the sexual thoughts—always depend upon external impressions, the objects of which are brought into material relation to sexual feelings. The nature of the object determines by content the direction of the sexual impulse. The form of the perversion—*i.e.*, the object to which the perverted impulse has been directed—is determined by external circumstances, accidental events; and, in our opinion, as a rule, and

[1] Not true of the public schools of the United States.—TRANS.

[2] This statement seems too broad; if this be true, in the histories of cases of sexual perversion we should more frequently meet instances of incestuous tendencies; for often relatives stand in just the relation to the boy or girl indicated in the text. Compare the translator's article, "Incest," in "A System of Legal Medicine," vol. ii, E. B. Treat, N. Y. —TRANS.

in the majority of cases, it is not to be ascribed to natural tendency.

Hereditary Lack of Resistive Power, and Pathological Association.—In all forms of paræsthesia, without respect to whether it be contrary sexual instinct, algolagny, or fetichism, it seems to us that an essential factor is the fact of the origin of the perverse expression of the sexual instinct. It is entirely subsidiary that the same patient who, as a result of external circumstances, in one instance acquires contrary sexuality, in another might have become an algolagnist, or perverse in hetero-sexual intercourse. Natural disposition alone cannot explain why one becomes a lover of shoe-nails, another of ladies' eyes. The theory of pathological association which Binet[1] advocates, allowed in the case of fetichism, but not for contrary sexual instinct, would be inconsequential. The advocate of the theory of heredity is justified in laying the chief stress upon congenital predisposition, which supplies the basis for the development of any form of psycho-sexual disease, and, at the same time, there is no need to stretch this to include the form of the disease. With a normal nervous system, we see how events coupled with intense emotions in early youth become determinate for our whole lives. As Binet correctly remarks, when a child has once been frightened by a cat with no help at hand, or when it has been given a headache by the intense odor of a rose, the aversion for cats or roses may have been impressed upon the brain for life.

A pathological nervous system is usually more easily and intensely impressed; the neuropath is much less able to offer resistance to the sensations that have been intensely impressed upon him in youth. The idea created by the first strong impression of a sexual nature gains a growing mastery over him, and, for want of inhibitory opposition, forces him in a pathological direction. "Such a pathological inclination, as Lombroso says of criminals, in some evil hour develops, especially during childhood, and disappears under the influence of proper training. When, however, it has a favorable foundation (predisposition due to

[1] Revue Philosophique, Paris, 1887, No. 8.

faults of development), and when it is not opposed, it remains. While, in the majority of men, the reminiscences of such impressions, for the most part, influence them in a subordinate way through association of ideas, in the individual under consideration they operate like certain kinds of virus; since they not only become fixed, but also permeate the whole organism until they absolutely control it and irresistibly compel acts which are usually of a criminal character. Thus are explained the strange perversions in the direction of obscenity and love which we see develop in hereditarily predisposed individuals in their youth."[1]

The repetition, perhaps voluntary, of the first experience, if this induced sexual orgasm, and the reproduction of the perception with the onanistic act to which the majority of such individuals give themselves, change the vice into a habit, give the impulses the strength of imperative feelings,[2] and leave but one direction for desire. On the other hand, in the same degree in which the psycho-sexual anomaly is engrafted in them, such persons feel themselves impotent in normal intercourse. Women cannot charm them as long as they find satisfaction in the perverse activity of their sexual appetite.

Psycho-sexual Diseases, Moral Insanity, and Weak-mindedness.—The common characteristic of sexual perverts, therefore, consists of this: in comparison with the normally-developed man they have *lost the power to compensate* the *pathological stimulus* by means of the experiences of physiological sexual life and the multitudinous perceptions of life; or they have *never possessed* it, as in hereditary weak-mindedness.

[1] Comp. Lombroso, Der Verbrecher, Hamburg, 1887, p. 119.

[2] During the publication of this work there appeared, in the Münchener med. Wochenschrift (1892, No. 11, p. 188), a notice of the works by Moll and Krafft-Ebing. The reviewer, Dr. Bleuler, happily comes to an opinion similar to my own; at least, as a result of the opinion given by Professor Meynert on the case of Count Sandor, Bleuler says: "If, as a result of any accidental circumstances, these associations, which usually condition the exclusive inclination toward the normal sexual act, are so directed that the pleasure, in a broader sense, accompanying the activity of the sexual instinct becomes associatively connected with the idea of an 'unnatural' act, or of association with a person of the same sex, neurasthenic individuals and those predisposed to imperative thoughts often cannot rid themselves of this association, and there arises an *enduring abnormality of the sexual instinct.*" The correctness of this idea of the reviewer is confirmed by examples given later.

From the stand-point of lack of resistive power to pathological excitation, and from the stand-point of lack of inhibitory influence of our intelligence against intense stimuli, the various forms of sexual hyperæsthesia appear, from a single point of view, as members of one family,—as symptoms of a pathological condition which has been designated moral insanity. Moral insanity itself is but a symptomatic name for certain pathological manifestations which arise from a defect of mental endowment, or which, in their course, lead to destruction of the mental powers. According to the views of Mendel, Meynert, and Binswanger, moral insanity signifies a variety of weak-mindedness which is characterized by an abnormal tendency to immoral acts; a sign of a low grade of idiocy which is known under the name of "imbecility." The lack of inhibitory ideas (judgment) presumes a defect in the development of intelligence, in the mental energy, and it goes hand-in-hand with active stimulation of the animal instinct. The ethical weakness exists without disturbance of the understanding, but is often associated with great emotional irritability, and makes such persons incapable of recognizing and understanding immoral and illegal acts as such. Therein, in our opinion, lies also the reason why urnings but seldom designate their sexual instinct (comp. Moll, p. 205) as abnormal.

The instinctive and usually premature stimulation of the sexual sphere leads to perverse acts and onanism. Therefore, the perverse activity is always to be regarded as merely one of the manifestations of a nervous or mental disease. Too, the impossibility in some cases of demonstrating other abnormal symptoms than those of the sexual sphere must not lead us astray. For, as in all other diseases, in the perverse manifestations of the sexual instinct there are numerous transitional forms and varieties, from the slightest deviation from the physiological condition to the pronounced psychosis. Thus the old question whether contrary sexual instinct is to be regarded as "neuropathic" or "psychopathic" becomes meaningless. For it may be met as a symptom in apparently normal individuals as well as in cases of psychopathic weakness dependent upon

congenital disposition, taint, and degeneration, and in pronounced psychoses (paralytic, senile, epileptic pederasty).

Transitional Cases and Lessened Responsibility.—As it is impossible to regard crime in all cases as the result of pathological conditions, in spite of the correctness of the view that many crimes owe their origin to abnormal mental conditions,—*i.e.*, abnormalities of "those complex activities of brain which are inherited and automatic, and which we call character" (Forel),—so the medical expert is not called upon to allow that the *isolated existence* of perverse expressions of the sexual instinct occasions "irresponsibility." On the other hand, the unequivocal proof of psychopathic weakness should justify the assumption forensically, if not of temporary complete suspension of the freedom of the will, at least of lessened responsibility.

In case of gradually-developing mental weakness, the diagnosis is more difficult. In such individuals it is necessary to compare the present state of lessened mental activity with the former normal state. "Defective power of judgment, insufficient acuteness of critique, inability to distinguish the essential from the unessential, want of independent effort to investigate the cause and nature of things, mental one-sidedness, loss of creative power and originality of thought, are expressions of mental deterioration and diminished intelligence of various degrees which it is difficult to grasp. The manner of receiving external impressions and their fixation in consciousness, memory, understanding, logical powers, mood,—all must be taken into consideration in forming such an opinion. With diminution of intelligence and blunting of the feelings there is a want of the most powerful means of opposing the desires, the morality of which is judged by the understanding and estimated by the feelings" (Tarnowsky).

There are sensual persons in whom, at certain periods of life, the sexual functions are the most important thing in life. As soon as sexual power begins to diminish, as a result of excesses, they resort to various means to increase them. In this way there may arise a combination of impotence and sexual debauchery. Imitation is here one of the most powerful means

of spreading vice. Here the abnormal kinds of sexual activity do not arise impulsively from personal need, from organic necessity. The debased man employs all means that can add to his lustful pleasure, but, notwithstanding the greatest recklessness, is still able to control himself on occasion. Indefinitely marked transitional cases, in which it is impossible to decide where vice ceases and disease begins, are likewise not infrequent. But false philanthropy, in doubtful cases of "pathological viciousness," can only lead to the spread of immorality.

Sexual Instinct in Imbeciles.—In numerous cases which we find in literature, namely, in those where effemination has reached full development, there is, doubtless, mental weakness. Sollier[1] finds absence and perversion of the sexual instinct in idiots, but in imbeciles principally excessive intensification and inversion of it. The imbeciles often present an infantile condition of the sexual organs (Count Sandor), defect of sexual power, cryptorchism, phimosis, hypospadiasis, varicocele, arrest of development and atrophy of the testicles, defective development of the penis, etc.

The onanism of idiots, as a rule, is not to be regarded as an expression of the sexual instinct, as we have shown (Magnan). On the other hand, imbeciles often manifest premature development of the instinct and sexual perversions. Onanism is most frequent in the form of automatic masturbation as well as for sexual satisfaction; also, mutual onanism and pederasty. Too, there may be observed in them an especial tendency of the mind to obscene talk and gestures, which would be repugnant to a normally-developed person.

The alterations of sexual activity may also occur periodically and in the form of attacks, while during long intervals all is normal,—as in periodical psychoses.

Original Disposition in Paræsthesia Sexualis and its Proofs.—If now, in accordance with the foregoing view of the causes and development of the anomalies of the sexual instinct, we once more consider the hereditary relations previously de-

[1] Der Idiot und Imbecile (Voss, Hamburg, 1891), p. 75, and Bourneville and Sollier, Des anomalies des organs génitaux chez les idiots et epileptiques (Progrès Méd., 1887).

scribed, we may express our opinion as follows: Since only in the worst forms of hereditary degeneration are pathological states, as such, transmitted, it cannot be denied that there is a possibility of a repetition of the same form of disease, the same symptom-complex, directly or atavistically, in descendants. In accordance with this, therefore, in contrary sexual instinct there might be such a thing as the preformation of the feminine type in the male body without the influence of education and example. Quite analogously, the son of a shoe-fetichist might be a shoe-fetichist, and thus algolagny arise from an original disposition.

These cases, however, even if they occur at all, are the *exception* in common practice. As a rule, the transmission must be regarded as that of an hereditary lack of resistive power, which may well affect the sexual sphere by preference. On the other hand, the full development of the anomaly in the individual depends upon various accidental factors. The influences of the individual's life are, in the majority of such patients, determinate for the development of the form of the psycho-sexual disease.

But if, as acknowledged, the *possibility* of the occurrence of contrary sexual instinct as an hereditary symptom-complex, without or in spite of opposing education, cannot be denied, still, literature does not yet afford an incontestable example of it. Moll (p. 159) gives, as evidence of the original disposition, the circumstance that "in most pederasts and urnings the perversion dates back to the earliest childhood." The same author looks upon acquired cases as those in whom there was first inclination toward women, later toward men. This assumption seems to derive further support from the fact that the impulse to play the feminine *rôle* occurs prior to the time of the first sexual promptings, and that in spite of education. If, in such cases, the sexual feeling is directed toward the same sex, and without the occurrence of hetero-sexual feelings, then the "hereditarily-conditioned process" seems to complete its natural development.

This anthropological transformation reaches its acme when

not only the character, but also the skeleton, face, and voice correspond with the abnormal sexual type (defective development of beard, development of mammæ, abundant development of adipose tissue), to which, as a rule, other anatomical and functional signs of degeneration are added.

Objections.—But there may be serious objections raised to these considerations. The significance of the sexual factor in the development of mind and character is, of course, too important and determinate to be overlooked. Nevertheless, it seems to us to be necessary, in the interest of precise definition, to decide the question which Westphal raised, and which has been much defended by urnings, whether an individual with inclinations toward feminine pursuits, but feeling normal sexually, is to be regarded as of contrary sexuality. In our opinion, only the sexual element is to be looked upon as the determining one, and, to a certain extent, it insures the diagnosis. Thus, for example, I am acquainted with a cavalry officer who is a happy father and devoid of *sexual* anomalies; but he shows a great liking for feminine pursuits; he embroidered all the coverings of his furniture himself. In spite of his feminine habits, I do not regard him as of contrary sexuality. Likewise, I know a male nurse who knits his own stockings, cooks, and shows preference for other kinds of female work. He is perfectly normal sexually (verbal examination), and the happy father of nine children. Therefore, so long as the deviation from the same sex does not involve the sexual feeling, we are not justified, even in cases of the most remarkable opposite peculiarities which nature presents in many individuals, in speaking of a pathological phenomenon. Even when the feminine inclinations go to the extent of self-adornment, to the habitual use of perfumes and other unmanly arts of the toilet, the same position holds good. Skill in cooking, knitting, and sewing, without teaching and imitation, is impossible, and therefore, for the most part, the result of education.

In support of the above-mentioned anatomical transformation (development of mammæ, absence of beard, masculine feet in women) we may cite the observations made on eunuchs (who

lose the secondary sexual characteristics after emasculation) and the cultivation of mujerados. Here it cannot be denied that there is a certain correspondence between the physical phenomena and the psycho-pathological symptoms. But, as von Krafft-Ebing expressly points out, with contrary sexual instinct physical hermaphroditism has never been observed; and, on the other hand, in hermaphrodites there have always been found the characteristics and psycho-sexual peculiarities of but one sex.[1] Too, in this respect, nature presents remarkable variations; so that, with consideration of these conflicting facts, conclusions are to be drawn only with the greatest care. Thus, I know several cases in which, in perfect (physically and sexually) masculine individuals, there was development of female mammæ. One of my patients presented this remarkable condition; he also had a high, thin voice, was slenderly formed and neuropathic, but devoid of psycho-sexual anomaly.

The following personal observation, made in October of last year, also speaks against the rule of anatomical correspondence. It was the case of a bearded woman. She was tall; pelvis feminine; hands and feet large. Abundant development of subcutaneous adipose tissue; breasts well developed; hair thick and long and dark; cheeks, chin, and lips covered with a thick blonde beard of soft hair about six or seven centimetres long; voice deep and rough (like a man's); genitals perfectly feminine; age 34 years; menses began at the age of 20 years. She had been happily married nine years, and was the mother of one child. She loved her husband, and, with the exception of a strong will, she presented no masculine characteristics. She was entirely indifferent to the female sex, and had intense lustful pleasure in hetero-sexual intercourse.

Arrests of development of organs well differentiated sexually, as occasionally observed in individuals of contrary sexuality, are to be regarded as degenerative signs, as, for example, when observed in imbeciles. They exist independently of the psycho-sexual anomaly.

The etiological rôle of the educational factors and imagina-

[1] Tardieu et Langier, Dict. de méd., art. "Hermaphrodisme."

tion may be more precisely defined from experience that is at hand. The influences exerted on the child may, with defect of understanding, have an effect exactly opposite to that intended; unconscious suggestion, in the education of children, plays at least as important a *rôle* as systematic instruction. The question is, whether a child devoid of hereditary taint can become contrary sexually by cultivation; the possibility of artificial transformation—the extraordinary extent of human influences—after the historical and ethnographical facts adduced, can no longer be doubted.

The importance of the educational factor becomes perfectly clear after a consideration of cases in which this point is brought out, and we shall later make some contributions bearing on this point. Unfortunately, in the majority of histories of cases, this important point is not sufficiently considered. As a rule, such persons, as already mentioned, consult the physician only after they are forced to by nervous or other symptoms. The physician sees before him a many-sided symptom-complex; and if, with difficulty, he is able in every case to determine the degree of the deviation from the normal, and to recognize the anomaly of feeling as one of the phenomena of a deeper process, still it will be often impossible to decide what is primary, what is hereditarily conditioned, and what has developed secondarily. Thus, according to our view, the manifestations of effemination occur, as a rule, secondarily, as a product of accommodation. Besides, the physician, in examining the patient, has to depend largely upon his statements, and, owing to the required discretion, cannot control them by statements of the relatives. Too, almost every urning has formed his own theory; as the autobiographies in the "Psychopathia Sexualis" of Professor von Krafft-Ebing show, the persons of contrary sexuality who have not read that work are the exceptions. Unconscious auto-suggestion and retro-active illusions of memory concerning the events of early years give the histories a very uncertain basis. To this is added the pathologically intensified auto-suggestibility of such neurasthenics, which hinders in every way objective judgment.

The essential influences which determined the patient's sexual development are forgotten ; the theory of heredity shields him from responsibility ; concerning the time of the first occurrence of sexual inclinations he is often unable to make any definite statements, because the knowledge of the sexual relations followed only years after, and thus he seeks to explain the first signs of effemination by his original disposition, while, in fact, they are only resultant phenomena. If these autobiographical data are indispensable to the physician, still their value should not be placed so high that they are made the foundation of a wide-reaching scientific theory. The explanatory principles should not be increased unnecessarily; and to heredity, that unknown factor for us, phenomena should not be ascribed which may be easily explained by education and the effect of life.

The first intense sexual excitement may very easily occur in contact with an attractive male, without the necessity for the presence of hereditary predisposition, even though the latter can be demonstrated in the majority of cases. The previously undifferentiated feeling now has an object, and may, as a result of external influences, easily become developed into contrary sexual feeling before hetero-sexual feelings manifest themselves ; and if in such a case the latter occur, which in healthy, untainted individuals must be the rule, the inclination toward women is later than that toward men,—a contradiction of Moll's view previously mentioned, according to whom this factor is of decisive diagnostic significance for the original disposition. An imperative idea may be the starting-point of final complete effemination. If, among the perverse manifestations of the sexual appetite, contrary sexual instinct cover the broadest field, and seem, for the most part, to be a peculiar freak of nature, or to form a special pathological group, so that it has led to the expression "a feminine soul in a masculine body," still this depends principally upon modern education and the injurious separation of the sexes in schools.

Those persons in whose presence, or in whose companionship, the first sexual excitement is experienced, are, in these

cases, of like sex; too, the fetichist, before he has erections at the sight of lifeless objects, primarily, at least as a rule, becomes attached to some living person. The accidental causes, even in spite of the lively emotional accompaniment, are often forgotten by the patients; still in some cases, in which detailed biographies of urnings had been furnished, and from which no other explanation could be drawn than that of a congenital abnormality, I succeeded, after repeated careful examination, in awakening memory of apparently inconsequential events which were the keys to the physiological understanding of the disease. The fact that the remarkable perversions of taste of fetichists cannot be explained without the assumption of pathological association should point to the importance and the presence of a similar phenomenon in sexual inversion. The symptomatic picture which the patient presents to the physician on examination, usually in all the forms of paræsthesia, represents the ultimate product of an abnormal development that has existed several years or even decades,—the result of a great number of experiences and influences. Compared with its beginning, the result is totally different; and there may be nothing in the latter to recall the first associations, so important for the psychological analysis.

Thus, too, the most horrible of the sexual perversions, necrophilia, confirms the above-mentioned disastrous effect of the ideas accompanying the onanistic act, which, with a lively fancy, calls up changing images, any one of which, in a brain easily influenced by suggestion, may finally become an imperative idea. The auto-suggestive idea may induce an instinctive impulse to act,—a state of temporary impulsive insanity. The performance of the ideal act, auto-suggested or produced by external impressions, depends upon whether moral conscience is strong enough to balance the great suggestibility.

Thus, Tardieu[1] reports the case of an onanist whose heterosexual instinct was well developed, but who masturbated seven or eight times daily. He said: "While masturbating, my

[1] Attentats aux Mœurs, Paris, 1878, p. 114; also reported at length in Psychopathia Sexualis, p. 69, Case 23.

imagination places me in a room filled with women in my power. While I satisfied my lust on them, in thought, I sacrificed them always in the same way to my lust; imagined them dead, and then violated their bodies. Sometimes the thought came to me to cut up a male body; but that was always seldom, and disgusted me." The patient then began to carry out his fancies practically. At first he masturbated at the sight of the bodies of animals that had been cut open; then he killed dogs, and finally exhumed human corpses. "All that one experiences with a living woman," said he, "is nothing in comparison with the pleasure I enjoyed. I covered their bodies with kisses, pressed them wildly to my heart; in a word, I overwhelmed them with the most passionate caresses. Then I would cut up the body, tear out the entrails," etc.

Fetichism offers instructive examples for the theory of pathological association. In the well-known case of the lover of night-caps, the occurrence of the first sexual excitement coincided with the sight of a night-cap which was put on by an aged relative who slept in the same bed. The next erection occurred when the patient saw an old female servant put on her night-cap. Thus a mental association was formed at an age when mental impressions are always very deep. An apron-fetichist, at the age of 15, saw an apron fluttering in the wind; he took it and put it around himself, in order to masturbate while in it. Mental associations thus formed become imperative ideas, because the patients are hereditarily predisposed, and in this way determine the direction of the sexual life.

The psychical condition in which associations of such significance occur Binet has appropriately compared to a state of intensified suggestibility. In themselves, the objects with which sexual excitement becomes associated are often incapable of affording satisfaction; it is the reproduction of the associated ideas and feelings which give them their significance. Thus, the desire for generalization and abstraction, which is constantly recurring in these perversions, becomes explicable; and this, in the course of time, may entirely change the content of the perversion. A man who loved a red-haired woman finally

could not see red hair without becoming sexually excited. The former lover of an Italian girl always had an erection at the sight of an Italian costume. An original lover of white aprons was finally excited by every white apron he saw, and at last by white alone (on a mason). From the time of his first love Descartes had a partiality for squinting eyes. In general, the peculiarities which we have once loved in one person always have the greatest attraction for us in others.

The tendency to separate the object of love from its surroundings, as it is manifested in pathological fetichism, may be regarded as abstraction. The shoe-fetichist shows next a preference for the nude female foot,—an inclination which, without striving for isolation and without separate sexual excitement, is still physiological. The dressed female foot forms the transition, and the love of shoe-nails the pathological ultimate result. Tarnowsky[1] reports that the inclination for furs, in a masturbator 12 years of age, arose from the bodily contact with a dog that he sometimes took to bed with him. Transition: coincidence of onanism and the touch of the dog. Finally, the touch of the dog alone induced excitement and ejaculation. Later, only by means of touching fur could he induce sexual excitement. Here, also, we have to do with the effect of pathological association and the tendency to generalization in a degenerate individual.

The effort to intensify the cause of the pleasure and the sexual excitement indicates a longing for more powerful stimuli, and this, according to Binet, presumes a weakening of the power of reaction of the nerves, and therefore, in the history and in physiology, it is to be regarded as a sign of decadence. Even savages make prominent those portions of the body which they especially prefer; the natives of western America form the hair in knots in order to enlarge the head; the Chinese seek to make the feet small; Europeans try to make the breasts more prominent by means of tight lacing. The courtesan colors her eyelids to enlarge the eyes and accentuate the brilliancy of the sclerotic. Also, among individuals of contrary sexuality there

[1] *Op. cit.*, p. 22.

is the effort to magnify. Thus, the urning who tries to copy woman exaggerates the specific feminine peculiarities, often to caricature; and, *vice versâ*, the female in male attire (Count Sandor) those of man.

The restraint which is often enough connected with the fact of specific sexual reaction to stimuli that are not always attainable intensifies the sexual pervert's power of imagination and longing for satisfaction. From this may be recognized the correctness of the experience that regulated sexual intercourse is the most effectual antidote against the development of the anomaly.

The foregoing considerations show that the changes which the content of the sexual perversions may undergo in the course of time are essentially to be referred to the tendency of such patients *to generalize*, *to isolate*, and *to exaggerate*. These three peculiarities, however, are at bottom only different forms of expression of a single tendency peculiar to the human imagination,—namely, that of *exaggeration*. It may be intensified by pathological relations and abstinence.

The Exciting Cause in the Histories of Urnings and Other Sexual Perverts.—It remains to give a critical review of the known cases of sexual paræsthesia, and in them to try the correctness of the view here set forth, and especially to point out such cases as are exceptions.

In his "Clinical Novels," Caspar reports the autobiography of an inveterate pederast, from which we borrow the following passage, so important in showing the etiology of this case:—

"As a school-boy of eight I sat near a boy somewhat older. How happy I was when he touched me! It was the undefined feeling of an inclination which was a secret to me until my nineteenth year. I have never masturbated nor committed abuse with other boys. There were some certain ones toward whom I felt an unconquerable inclination, and to whom I indited my verses."

In sexual intercourse with women (at eighteen) he thought of his friend, and therefore had no pleasure; but "a wonderful feeling of joy" came over him when an unknown man in the Zoölogical Garden first satisfied him by means of masturbation.

Here we observe premature awakening of sexual impulses, transference of the undifferentiated feeling to the pupil touching him, passive onanism, and definite perversion of the instinct in a predisposed individual.

From Westphal's first case we take the following passage:

"N., it is said, suffers, since her eighth year, with a passion to love women, and, besides kissing and joking with them, to masturbate. She states that she has never had intercourse and never any inclination to it. Playing with them gave her such a sensual delight that she had actual orgasm. When a child she liked to play boys' games and dressed like a boy. She had experienced sexual excitement since puberty in kissing girls." [1]

She masturbated shortly before and after menstruation. In other respects the patient presented the female type.

Though in this case more exact details could be desired, still it may be seen from the report that there were (*a*) premature awakening of the sexual instinct, (*b*) relation to the same sex, and (*c*) masturbation. On the other hand, it is not clear whether the inclination to boys' play was present before or after the sexual inclinations for the female sex. Too, this case does not contradict our theory, and, like Caspar's case, does not require a forced explanation.

At this place it may also be pointed out that the theory of the development of the female character in the male body really owes its origin to the dualistic ideas of urnings (Ulrichs). Westphal[2] cites a number of passages from "Numa Numantius's" investigations of the enigma of male sexual love of males,[3] and,

[1] Westphal, *loc. cit.*

[2] *Loc. cit.*

[3] Compare the following writings of the author mentioned: "Forschungen über das Räthsel der mannännlichen Liebe: Numa Numantius (Karl Heinr. Ulrichs)." "Vindex": Social and legal studies of male love of males. Proof that it deserves punishment as little as love of women, and that, according to the existing laws of Germany, it cannot be legally punished. Leipzig, 1864. "Inclusa": Anthropological studies of male love of males. Proof that in a certain class of individuals of masculine form sexual love of males is congenital sexually. Leipzig, 1864. "Vindicata": Struggle for freedom from persecution. Criminal details and legislative proposals, looking to a revision of existing criminal laws. Diary of an urning, Leipzig, 1865. "Formatrix": Anthropological studies of the love of urnings. Description of the sexual nature of urnings in detail. Key to the riddle of uranism and its varieties. Leipzig, 1865. "Ara spei": Studies in moral and social philosophy in relation to the love of urnings. Relation of the urning's love to morality, Christianity, and the moral arrangement of the world. Moral justification of the urning's lo-

therefore, was, perhaps, under the influence of the unconscious suggestion of this theory. He emphasizes that the feminine type is, embryologically, preformed in the infant, and favors the monistic and untenable conception of the imprisonment of a feminine soul in a male body. These writings lay stress upon the feminine inclinations of boys, and seek in every way to defend uranism. The time of the primary sexual excitation and accidental factors, education, etc., receive so little consideration that these studies, though highly interesting from the stand-point of present investigation, carry with them no weight of demonstration.

All the latest literature of uranism shows traces of the influence of Ulrich's theory. Important and fundamental as Westphal's observations are for psychopathia sexualis, they do not, as he himself states, afford an incontestable proof that contrary sexual instinct is congenital; still, both cases show great hereditary taint, which, however, only under the directing influence of exciting causes, became developed into contrary sexual instinct. Both patients, from youth up, presented a slight degree of psychical weakness; and, as one of the symptoms of it, the sexual perversion was developed as a result of external excitation.

Too, in Westphal's second case there was premature awakening of the sexual instinct (in the eighth year). The patient who states that in his youth he had a preference for feminine pursuits, says himself: "I have had some inclination for sexual intercourse with women, though seldom; for I feared to become ugly."

According to this, then, there was desire for women,

Love-bond of urnings. The conflict of urnings and its solution. The exceptional place of love in the moral status of the world. Hope. Leipzig, 1865. "Gladius furens": The enigma of nature in the urning's love, and error as a maker of laws. An arraignment of German laws. Kassel, 1868. "Memnon": The sexual nature of the male-loving urning. Psycho-physical hermaphroditism. *Amina muliebris virili corpora inclusa.* A study in natural science. Two parts, Schleiz, 1868. "Incubus": Urning's love and blood-thirstiness. A consideration of abnormal states of mind and responsibility, occasioned by the case of Zastrow, Berlin; with fifteen allied cases. Leipzig, 1869. "Argonauticus": Zastrow and the urnings belonging to the camp of the pietists, ultramontanes, and free-thinkers, with considerations concerning blood-thirstiness and responsibility and brief reports from the world of urnings and the criminal cases: Bishop Morell, of Edinburgh; Count Czarnechy, of Posen; Superintendent Forstner, of Vienna. Leipzig, 1869.

as his later relations with females show. As he says himself, the patient did not give himself to men, in spite of many solicitations. On the other hand, he masturbated in youth; but we have no statements concerning the ideas that accompanied the act. This case is one of entire moral defect; it was not a desire for men (whose solicitations previously, and later while in the hospital, he actively repelled), but merely his desire for money which induced him to dress like a woman. And it was only after this, for the sake of material gain, that he assumed the feminine *rôle*, still, however, having intercourse with prostitutes, "who in a drunken state accompanied him home." Besides this, he stated that he once slept with a cook without touching her (?). Finally he became guilty of a series of thefts.

Here, as Westphal justly remarks, apparently we have to do with a weak-minded individual. When arrested he was suffering with gonorrhœa. In his case the sexual element certainly cannot be regarded as *congenital* contrary sexual instinct. His preference for female attire and his playing the feminine *rôle* are sufficiently explained by the circumstance that he was thus afforded a convenient source of revenue. Finally, we are not constrained to believe every statement made by a swindler; and we may remember, also, that deceptions of the imagination (pseudologia phantastica) occur in the weak-minded. The sexual feeling of the patient was originally normal; in our opinion it is a case of congenital weak-mindedness which, with other symptoms, but later, presented that of contrary sexual inclinations as a result of definite influences.

Dr. Schminke[1] reports another case of contrary sexual instinct in the *Archiv für Psychiatrie*:—

This case likewise speaks more in favor of the gradual development of the contrary sexual phenomena, with original normal tendency, on the basis of neuropathic disposition, than of original predisposition to contrary sexual instinct. The patient had no sexual intercourse until his twenty-fourth year. He became nervously ill as a result of typhus, and in Paris he fell into religious company. "Here, on one occasion, he was sitting on a sofa with a friend, both being in night-shirts. Suddenly he

[1] Archiv für Psychiatrie, Bd. iii, Heft 1, 1871, p. 227.

was seized with such a feeling of desire that he embraced his friend passionately, and at this instant he had a pollution." The reporter says: "However, it was remarkable to me that the patient also immediately had erections and slight emissions (of semen?) at the sight of beautiful girls; also when reading obscene books."

Here also the long-restrained sexual impulse became directed to the nearest object; friendly feelings and momentary intense excitement explain the perversion of the otherwise normal instinct. Both cases that Gock[1] contributes show that the mental weakness upon which contrary sexual instinct may develop is congenital:—

The first case is that of a servant-girl aged 28. She comes of a mother suffering with dementia. In school she was frivolous and did many foolish things; she masturbated from the time menstruation began (by means of tactile or psychical excitation). At the same time there was awakened a preference for young girls who attracted her by the expression of their eyes. This desire occurred, as a rule, before or after the menses. When she could kiss and embrace such a girl, she experienced lustful sensations in the genitals. If not satisfied in this way, she would think of the girl and masturbate.

She stated that, as a child, she preferred boys' games; whether this was the case after puberty is not stated. Later, she slept with girls and touched their genitals, which gave her the greatest lustful pleasure. With repression of her sexual excitement, she several times passed into a state of intense exaltation, undressed herself, and cried out; she grew quiet, when in bed with another girl, only after gratifying herself by means of onanism. States of excitement alternated with intense depression at the time of the menses. No feeling for men.

The first orgasm induced by onanism became associated with the sense-impression made by persons of the same sex that happened to be present. The irritable weakness of the psycho-sexual and genito-spinal centres, explainable by congenital neuropathic disposition, made possible the occurrence of lustful feeling as a result of the reproduction of the idea of girls' eyes. The memory-picture became habitual, and secondarily acted automatically. It then played the *rôle* of an imperative idea, and, owing to the lack of inhibitory opposing ideas, the patient became the victim of a cerebral process that had become inde-

[1] "Ein Beitrag zur Kenntniss der conträren Sexualempfindung, aus der Würzburger Psychiatr. Klinik," Archiv für Psychiatrie, 1875, Bd. v, Heft 2, p. 564.

pendent. The fancy elaborated the imperative idea, and the latter finally dominated the entire sexual existence,—*i.e.*, it became determinate for the individual sexual excitability.

Gock's second case illustrates the delusion of sexual transformation, and, with the other psychopathic symptoms, belongs entirely to the psychoses.

We find a further confirmation of our view in the case reported by Servaes,[1] which recalls the origin of contrary sexual instinct among the ancients:—

Franz E. was misused for pederasty in his ninth year by the tutor of his friend, and from that time was not able to give it up. Arrest on account of suspicion of immoral relations with a night-watchman. To him carnal intercourse with men is the highest pleasure in the world. Unmitigated cynicism. Stole from his room-mates. Unconquerable aversion for women. Onanism. Exaltation alternated with depression until death. Female inclinations. He made ornamental covers out of linen. Increasing weakness; ideas of persecution. Death due to tuberculosis.

This case, likewise, does not strengthen the theory of heredity. The fact that the patient allowed himself to be used for pederasty may be regarded as a sign of lack of resistive power dependent upon inherited weak-mindedness. If, however, we assume that the case is one of acquired contrary sexual instinct, with congenital imbecility, in favor of which the theft and other peculiarities speak, then it clearly demonstrates that the feminine character may be the result of the assumption of the female *rôle*, in the same way that devotional or theatrical employment cultivates a certain type.

In the second case reported by Servaes, there were maniacal outbreaks alternating with states of melancholic depression. Sexual inclinations were manifested during the outbreaks of excitement; she threw herself on the female nurses and overwhelmed them with caresses. The first evidence of menstruation came after the second attack. Maniacal excitement, with contrary sexual instinct at the time of puberty. Recovery.

The brain, powerfully stimulated by indifferent sensual excitants, convulsively seeks for some compensation, and accepts

[1] "Zur Kenntniss von der conträren Sexualempfindung," Archiv für Psychiatrie, 1876, Bd. vi, Heft 2, p. 484.

the first person at hand. This person is a female,—the more a reason why a girl, perhaps unacquainted with the sexual relations, should trustfully make an approach. Convulsive effort of nature to complete sexual maturity. The intensity of the sensation attending the first orgasm may continue determinate in weak and hereditarily-disposed brains; but in persons otherwise normal it becomes compensated by further normal development, which was the case in this instance.

The following case, reported by Fränkel,[1] speaks still more forcibly for the transformation of the male into the female type, possibly by means of cultivation, and facilitated by congenital defect of resistive power:—

> The patient at first had assisted his mother in sewing and embroidering, and then became so proficient in all kinds of feminine work that he obtained a great reputation and some return for his embroidery and hanging of curtains. As a result of his occupation in feminine work, he gave himself to feminine vanity, carefully destroyed his beard, dressed his hair in curls, padded his bosom and hips, and used every opportunity to mask as a woman. What at first was merely silly affectation gradually assumed another nature: the tone of his voice, naturally low, became high and shrill; the gait, tripping. Blank made application for permission to dress as a woman, and, though dismissed, he one day showed his betrothal to a foreign mechanic under the name of "Friederike Blank." The patient, whose genitals were normally formed, approached men and, dressed like a woman, performed coitus with young men whom he was able to deceive so skillfully that they thought they were engaged with a woman. The anus was much dilated and torn. When arrested he killed himself by jumping into the water.

According to these statements it would seem that Blank became feminine as a result of his engagement in feminine pursuits to which his mother introduced him. At least, as Westphal remarks, it is a case of imbecility and moral insanity, which is also confirmed by other perverse inclinations (theft). Why, in this instance, with the demonstration of the influence of training, contrary sexual instinct must be assumed to have arisen from original disposition is not clear.

Interesting and confirmatory of our view is the report of

[1] Medic. Ztg., herausgegeben vom Verein für Heilkunde in Preussen, Bd. xxii, 1853, p. 102; Homo mollis.

the Director of the Penal Institution of Brandenburg, Westphalia, which is to the effect that the practice of feminine occupations by men in the institution may occasion feminine conduct.[1]

As we have seen in the cases reported, congenital imbecility constitutes an important basis upon which, with appropriate external influence, contrary sexual instinct, with the secondary phenomena of effemination, may develop. In this development we see the predominance of imperative feelings, conceptions, and acts. Further, states of depression and exaltation, alternating periodically, are observed. The unusual intensity and the premature manifestation of the sexual instinct, resulting from hereditary disposition, fill the fancy and drive such individuals to act on the impulse, in which the stimulus of the unusual may also play a *rôle*. Always, however, after close study of the history, we find how external circumstances exercise a determinate influence upon the form of the perversion. If, however, in such cases external influences seem to play a greater or as great a part as hereditary predisposition, still it must be allowed, on the other hand, that in other cases the original disposition is the determining factor. This is true, for example, of many cases of lust-murder (anthropophagy), violation of corpses, etc., reported by von Krafft-Ebing. To a certain extent algolagnists constitute a transition; in some cases pathological association seems to play the principal part; in others it is not possible to demonstrate determinate educational causes, and the congenital disposition seems to exercise the principal influence. Thus, Case 29 of "Psychopathia Sexualis" favors association:—

> An hereditarily-predisposed neurasthenic was present by accident when his mother's servant cut her finger on a broken pane, while washing windows. When helping to stop the bleeding, he could not keep from sucking up the blood from the wound; in the act he became violently excited sexually, experiencing complete orgasm and ejaculation.

In this case it is quite possible that the servant-girl had previously excited the boy sexually, who was given to onanism;

[1] Comp. Westphal, *loc. cit.*

and he may have been unconscious of it. The accident brought them into bodily contact. Violent erection and psychical onanism. The idea of sucking blood may have been derived from reading; for such an act is described as customary after snake-bites and other kinds of poisoning. The patient became an active algolagnist.

In the case reported by Moll (Case 30, in "Psychopathia Sexualis"), the patient, when a boy, read of the abuse of Roman slaves, and the thoughts of whipping and subjection formed the content of ideas accompanying onanistic acts. In this way the patient became a sadist, which, upon the theory of pathological association, is easily explained.

Acts of a purely symbolic nature with an algolagnistic purpose, which merely indicate the relation of subjection, are, as von Krafft-Ebing shows, fully explainable by pathological intensification of accompanying phenomena of the vita sexualis. Very often we find that algolagnistic inclinations arise at the sight of boys being whipped at school, where accidental sexual excitement is associated with the perception of the flogging, then to become effectual in psychical onanism, and, finally, to become an imperative idea.

Von Krafft-Ebing regards foot- and shoe- fetichism as a transitional form of masochism (passive algolagny) to fetichism; elements of both anomalies are combined in it. And he allows Binet's theory of association to hold good for pure fetichism. The first awakening of the sexual instinct is connected with a partial sexual impression; it becomes independent, and finally becomes a *conditio sine qua non* of sexual power; and it is then pathological. "The occasion," says von Krafft-Ebing, "on which the association occurred is, as a rule, forgotten." Therefore, it is clear that many cases of the autobiographical kind are unable to answer the question concerning the origin of the anomaly.

The significance of the exciting causes is placed in the clearest light by careful observation of contrary sexual individuals.

In Case 95 of "Psychopathia Sexualis," we have to do with Ilma S., who is very sensual, but of normal feeling, made

familiar by von Krafft-Ebing's "Experimental Study in the Domain of Hypnotism."[1] To support herself she donned male attire, became a tutor, and finally gave up her place; but she at last became accustomed to her *rôle*. Instinct and inclination for the same sex, but without transformation of character.

In Case 72 (mutual onanism) and in Case 73[2] the desire for change, which came with increasing sexual decadence, became the starting-point of the instinct and inclination for the opposite sex.

In Case 72 the patient had been an excessive onanist since his eleventh year, as a result of seduction. Nothing is said concerning the ideas accompanying the act. In a brothel he was impotent, which, in my experience, may occur in youths without perverse disposition. Seduced to mutual onanism, he became contrary sexually and his character feminine. Von Krafft-Ebing correctly remarks that this is a case of acquired contrary sexual instinct.

In Case 75 the first sexual excitement of the patient (female) became connected in a platonic way with a lady, without any idea of the sexual relations. Marital intercourse compensated the instinctive impulse entirely, which appeared again only with abstinence (widowhood), and became expressed in auto-masturbation. In my opinion, the exciting cause in this woman, neuropathic by heredity, was alone determinate for her homo-sexual inclinations.

In Case 76, the patient, T., masturbated from his eighth year. What *rôle* his fancy played in this—whether it conjured up for him male persons as a result of accidental association, or not—he does not say, though that may have been the starting-point of his perversion. That the feminine inclinations occurred before the first indulgence in masturbation also seems questionable.

The origin of the perversion in Case 77 is very characteristic. A small boy saw his sister change her hose. When she

[1] Translated by Chaddock. G. P. Putnam's Sons, New York, 1889.

[2] These numbers refer to cases in the sixth German edition of Psychopathia Sexualis, and cannot be identified in the English edition.

quickly concealed her feet it excited the boy's attention (probably the first sexual excitement). Soon the sight of her feet to the ankles became the object of his desire. Since the sister objected, there was soon a struggle, which the patient carried on "with all the wiles of cunning and flattery, even to explosions of anger, until his seventeenth year" (beginning of sadistic inclinations). *Faute de mieux*, he availed himself of the feet of servants; had lustful dreams about cutting corns and toe-nails (beginning of fetichism). When the patient was about 13 years of age, a comrade, who was sleeping with him in the same bed, kicked at him with his naked foot. The patient seized the foot. Intense sexual excitement; first pollution. After that many male persons excited the patient sexually (psychological cause of contrary sexual instinct). The idea of a girl getting a thorn in her foot and its being removed by a boy gave him an erection when a mere child. This mixture of contrary sexual, sadistic, and fetichistic elements was compensated by normal sexual intercourse. Owing to his lack of resistive power in sexual relations, the patient became the slave of external influences, the quality of which determined the nature of the perversion: an excellent example of the origin of each of these perversions in pathological association.

In Case 78 the contrary sexual instinct was likewise acquired as a result of mutual onanism. Details will be found in the therapeutic section.

The subject of Case 79 was a shoe-fetichist from his fourth year (so stated), with contrary sexual instinct. Hetero-sexual intercourse is possible with the help of ideas of shoes. There is no doubt of the hereditary predisposition of the patient: his father is said to have had a preference for handsome lackeys. In this case, if the perversion actually appeared complete in his fourth year, there could be some thought of original disposition due to heredity.

In Case 80 the sexual instinct appears in the eighth year, and becomes connected with (the nearest object) the sight of his brother's genitals. Mutual handling until the patient had erection. Repetition; mutual onanism; coitus inter femora

when 13 years of age. Later, horror feminæ. After the greatest difficulty, coitus is finally performed; but it never satisfies him, though the patient marries and becomes the father of four children. In this case, likewise, the contrary sexual instinct is not necessarily due to original disposition. The sexual education of this man, wanting in resistive power because of hereditary taint, seems to us to afford the explanation: the instinctive anomaly rules too completely the patient's entire existence to allow compensation by normal sexual intercourse.

The subject of Case 81 noticed the awakening of his sexual instinct in his sixth or seventh year; at that time he induced a playmate of his own age to show him his genitals. Mutual handling, mutual onanism. During the next ten years uninterrupted sexual relations with friends; knowledge came in his eighteenth year. Horror feminæ. Complete homo-sexuality.

In the fact that children, as soon as they become aware of their sex, look at their genitals, I can see no indication of congenital sexual perversion, nor in the curious handling of the genitals of their playmates, that leads to sexual excitement and mutual onanism. In Case 81, also, external influences are sufficient to account for the pathological direction of the instinct; for systematic cultivation could not be more effectually practiced than it was in this case as a consequence of unfortunate relations.

In Case 82, likewise, the sexual associations, with intense feelings, seem to have arisen accidentally when the patient was in bed with a companion (handling of the erected penis).

The subject of Case 84 states that in his third year (if there is not an illusion of memory) he took an interest in the handsome male forms depicted in fashion journals. Inclinations to play with dolls. From the age of 13 to 15 the patient slept with a man and masturbated. Even though this circumstance may have given opportunity for pathological association, still the patient's statements seem, allowing that they are correct for the conditions existing before his tenth year, to speak in favor of original predisposition.

In Case 84, a schoolmate, aged 15, placed the patient's

hand (aged 13) to his open trousers with onanistic intent. The patient's sexual feeling, until that time indifferent, became intensely excited and perverted. From that time his friendships took on a sexual character. At the age of 19, mutual onanism and development into an urning.

In a similar manner, in Case 85, this subject learns onanism at the age of 6 by having his genitals handled by an elder playmate. Enthusiasm for handsome playmates, desire to touch their genitals, etc. When the patient came to play with girls, his impulse to onanism had already become so powerful that no compensation took place.

In the writer of the autobiography of Case 87 the awakening of the sexual impulse occurred in his third year, without, however, being directed to the male sex. He often sought, for example, to look under women's skirts, to touch a friend's genitals, and to stroke the anus of the coachman's son. At the age of 5, inclination toward a playmate (perhaps induced by manipulations of the genitals). At 14 the patient became a psychosexual hermaphrodite; he loved young girls, but no more than he did boys. Then came solitary and mutual onanism. After touching male genitals his ideas in sexual matters were about persons of the same sex. Complete development into an urning.

The writer of Case 88 asserts that he has been an urning from the beginning, and doubts whether onanism practiced from youth could induce inversion. According to his statement, his first sexual promptings occurred in his tenth year and were directed exclusively to men. Onanism began in his twelfth year. It is not stated what external circumstances influenced the indifferent impulse. If illusions of memory as to the time of the first sexual excitement are not in play here, this case may also be explained, in spite of its defects, in the same manner as the preceding.

The autobiographer of Case 89 experienced the first sexual excitement at the age of 9 or 10, when his tutor let him "ride horse" on his leg. The impulse then remained directed to men. Whether the inclination for feminine pursuits occurred before or simultaneously with the excitement (which is the more

probable) is not stated. The impulse became confirmed by onanism with thoughts about men. Coitus possible, but devoid of satisfaction; successful only with the help of thought of men.

In Case 90 an original disposition may be presumed. A cousin of the patient is contrary sexually, and he states that he took the part of a girl before the occurrence of his sexual perversion. Mutual onanism from his thirteenth year.

The subject of Case 91 (female), greatly predisposed, suffering with imperative ideas, remains neutral sexually until her twenty-eighth year, then falls in love with a lady five years younger. Mutual onanism. As in the majority of cases, in this instance the first sexual excitation exercises the most enduring influence upon the patient's life. Marriage and the duties of a mother later are incapable of erasing the primary impression. She is unhappy in married life.

The patient (female) in Case 92 shows signs of intense sexual excitement in her thirteenth year, which is expressed in enthusiastic love for a friend of her own age. By this means her sexual peculiarity seems to have been determined. Marriage does not cure her. She goes on to inversion and probably gratifies herself in mutual onanism. Nothing is said of masturbation from her thirteenth to her eighteenth year.

This completes the review of the cases reported by von Krafft-Ebing as congenital contrary sexual instinct (homo-sexual individuals, or urnings), Class I (inversion of the sexual instinct). From this *résumé* we see that the influences of education, with two or three exceptions, can be shown to have exercised a determining effect.

Neuropathy or psychopathy was hereditary. The few exceptions are perhaps to be explained by imperfect history or the self-deception of urnings, which, according to Binswanger's[1] view, in "conscious" or "unconscious" form is nowhere more probable than in the sexual sphere.

Not one of the cases cited has impressed us as if the woman had been developed *ab ovo* in the male body.

We come now to the class of "Effemination and Vira-

[1] "The Employment of Hypnosis in Asylums," Therap. Monatshefte, Heft 3, 4, p. 167.

ginity." Case 93 seems to speak in favor of the isolated influence of educational factors, for the patient's father states that the patient became interested in female toilettes, and helped his sisters do dress-cutting, etc. Unfortunately, we learn nothing on the most essential point. From the description it is possible that the patient's effemination was developed as a result of causes forgotten,—causes which directed his sexual feeling to male persons. In that case, his feminine employment may have been but a secondary accommodation to his assumed *rôle*, and thus explainable like previous cases.

The writer of Case 94 did not experience ejaculation until his twenty-eighth year, but from his thirteenth had directed his sexual feeling to boys; and his character had developed into that of a woman, sexually, without the occurrence of compensation of this platonic tendency by association with women. Concerning the first association the patient gives no satisfactory statements. It remains doubtful, therefore, whether accidental cause or original disposition was of greater influence in the production of effemination. In conclusion, the patient himself asks the question whether this result was not brought about by too great laxity of training.

The patient in Case 95 makes such incomplete statements concerning the awakening and association of his first sexual excitement that we cannot use this report—which represents the final result of a long process of development, under the influence of which it is written—for our purpose. We learn only that inclinations for men appeared in his thirteenth year; nothing is said of onanism.

The abnormal instinctive tendency of the writer of Case 96, according to the description, seems especially to have arisen from original disposition. An uncle contrary sexually; no emission until the twenty-sixth year; no onanism. Still, there were violent erections from the age of 13, which would not cease, and which ended with nightly pollutions in erotic dreams of male persons. Whether, in this instance, the original sexual neutrality was given a perverse direction toward men by external circumstances, and thus the imagination became occupied

in the same way, remains doubtful. In such case the effemination was here also to be attributed solely as a result. As far back as the patient could remember, his development of character had been feminine.

Count Z., subject of Case 97, began masturbation at the age of 11, and during that year, in church, a man made a fascinating impression on him. At the age of 13, neurasthenia spinalis and inclinations toward men. Preference for dolls and girls' games. Horror feminæ. Great hereditary taint.

Two sisters of the patient who is the subject of Case 98 love men. At the age of 13 the patient was seized with a passionate love for an elderly officer. He remained true to his perversion after this incident. Onanism and impotence with women. In this instance, also, the possibility of cultivation does not seem to me to be excluded.

If it be possible to defend original disposition in the two cases last mentioned, it does not seem possible in Case 99. The patient felt his sexual instinct awaken in his eighth year, and had the idea penem aliorum puerorum in os arrigere, to which he may have been brought by circumstances that are not mentioned. Great pleasure, and determination of his feeling toward men. Later, he was able to perform coitus, and he became the father of two children. The effemination seems to have been developed secondarily. Educational influences operating upon one hereditarily predisposed may here be taken as offering an explanation.

The subject of Case 100 found, as early as at the age of 5, his greatest pleasure in seeing a penis, and for this purpose he lounged about appropriate places. Onanism before puberty. In this case, apparently, circumstances not mentioned must have turned the boy's attention to the penis (exactly as in the case of one of my patients). Later, love of friends; sexual intercourse with men; effemination, in spite of complete development of the male sexual character (beard and voice).

Cases 101 and 102 contain only notes without etiological points. The last case of this class, Case 103, is that of a servant-girl afflicted with original paranoia and hysteria, who

never had felt inclination for men, but for female friends. Enthusiastic love for persons of her own sex from the time of puberty. The report contains no more detailed description of the origin of the sexual perversion; so that the question whether the original disposition or educational influence was more largely responsible for the origin of gynandry must remain open.

As we have seen from the foregoing review, there has been no absolute proof in any case of the origin of contrary sexual inclinations and effemination with exclusion of the influence of training. Even the doubtful cases could possibly be explained, on closer examination of the pathological association of the first sexual excitement and the person immediately at hand. In every instance we find inability to overcome, by opposing ideas and normal sexual intercourse, the confirmed perversion (as a rule, by onanism with corresponding dream-pollutions) that has arisen as a result of some accidental impression,—a weakness that is to be ascribed to the hereditary predisposition, as is the premature awakening of the sexual instinct which is in these patients.

In his "Psychopathia Sexualis," von Krafft-Ebing gives three cases of gynandry and androgyny.

The subject of Case 104 is a person defective *ab origine*, affected with neurasthenia spinalis, which is ascribed to the causal influence of masturbation. At the age of 22 the patient associates with women, performs coitus normally, but, owing to imperfect satisfaction, he turns away from the female sex. Thorax and pelvis of feminine form; slight growth of hair on the mons veneris, which is prominent and plump. Voice high, without masculine timbre. Patient is neuropathic in such a way that the sexual perversion represents but a partial symptom of his condition. It seems to arise from abnormal organic conditions.

The patient (female) in Case 105, aside from masculine manner, presents coarse features and a rough, deep voice. Bosom and pelvis feminine. She grew up with a preference for masculine pursuits, but there are no other details given of educational influences. Corresponding with her *rôle*, she feels like a man, and later becomes associated with women.

It seems to me questionable whether the few physical signs (voice and coarse features) alone justify the assumption of gynandry in the presence of a type otherwise feminine. It would be interesting to know how the patient came to assume the masculine *rôle*. The history of the case does not deny the possibility that the inversion of sexual feeling was brought about by educational influences.

The subject of the last detailed description (Case 106) is the notorious Count Sandor S.; in reality, Countess Sarolta V. The details of this history are too well known to require repetition here. The physical signs indicative of gynandry in the patient, according to Birnbacher, are: (*a*) general narrowing of the diameters of the pelvis, which is of the male type; (*b*) straight thighs, infantile female genitals, trunk devoid of waist, voice deep and rough, breast fairly developed.

The opinion of Dr. Birnbacher and Dr. Josch was to the effect that Countess V. was suffering with congenital neurasthenia, congenital mental disease in the nature of elementary disturbance of mental function, and contrary sexual instinct depending upon the same basis; and that therefore she was to be regarded as insane.

In a supplementary statement the same authors state that the acts related to the sexual instinct arose from a kind of organic necessity which recalls the so-called imperative acts of certain insane patients.

The opinion given in the higher court by the faculty of Vienna, signed by Theodor Meynert[1] as referee, declares that the patient is irresponsible, but contains another view of the disease. The facial bones, the position of the teeth, and the pelvis are called rachitic. "Owing to the father's influence she was early educated as a boy, and, as a result of this, deprived of the educational influences of an ethical orientation of the simplest things connected with her station in life and her duties to her fellow-beings. . . . Carried away with poetical fancies, she gave herself the form of a man dressed in her boys' garments, like Don Juan. Besides male garments, her conduct was allowed

[1] Comp. Friedreich's Blätter für gericht. Medicin., Nürnberg, 1891, Heft 1, p. 36.

to be unrestrained,—the very opposite of a girl's education." Sexual feeling at the age of 12, which, corresponding with her early preparation, found its first satisfaction in contact with a young English school-girl. Thereafter, comradeship with males. Relations with women, while men were indifferent Drinking, smoking, night-carousals, etc. "By using a glove a penis was imitated. She retired behind trees to give the impression of urinating like a man; said her menstruation was due to hæmorrhoids, etc. She once stated that she had to engage in military drill, and said she had a scar on her arm from a wound received in a duel." The referee opposes the theory of congenital masculinity with female genitals, and emphasizes that the countess is practiced in the imitation of masculinity; that doubtless she directs the tone of her voice accordingly; that she imitates masculine immorality, and "overdoes the matter."

The fact of growing up in male attire is not given sufficient weight by the experts. According to this view, Countess Sarolta V. suffers with imbecility with excitement, and, owing to her weak-mindedness, she is unable to judge her own acts, etc.

"In combination with other excesses—tricks, absolute social looseness, prevarication, drunkenness—the symptom of contrary sexual instinct constitutes the patient's degeneracy, for which the name 'moral insanity' is largely in use. The latter is but a symptom of congenital imbecility."

The occurrence of Westphal's contrary sexual instinct Meynert holds always to be accidental. The sex with which early sexual impressions happen to become connected, in abnormal individuals, determines the occurrence of this symptom. Imitation and education develop all the ultimate characteristics of the sexes. At any rate, and we agree with Meynert in this, this case is very instructive as showing the exciting cause of contrary sexual instinct.

The remaining cases of contrary sexual instinct reported in "Psychopathia Sexualis" are concerned with therapeutics, and are considered in the therapeutic part of this section.

The foregoing critical review with respect to the influence

of education is sufficient to confirm our theoretical propositions concerning sexual development; and, therefore, for the sake of brevity as well, it does not seem necessary to extend this examination to cases in von Krafft-Ebing's "New Investigations in Psychopathia Sexualis."

While, as we have seen, in the cases given in "Psychopathia Sexualis," the principal emphasis is laid upon the original disposition dependent upon hereditary influences, some of the reports of perverse sexual instinct made by Hammond are instructive for us, owing to the consideration of the exciting causes. At least, Hammond[1] points out that in cases in which individuals entertain the delusion that they belong to the opposite sex (*vide* von Krafft-Ebing's "delusions of sexual transformation"[2]) are not to be confounded with cases of this kind, "for they are cases of actual monomania, and are seldom combined with other pathological sexual symptoms."

The importance which educational factors and external influences may attain in the origin of sexual perversions, as a result of pathological associations in the case of hereditary neuropaths, is illustrated by the following cases, reported by Hammond:—

A boy, aged 7 years, who was hereditarily predisposed, was taught to masturbate by a servant-girl. At first she induced erection by touching his penis with her foot with the shoe on, and thus the patient experienced his first sexual pleasure. From that time sexual excitement and erections at the sight of women's shoes; later, at the mere thought of them. Onanism in the midst of women's shoes, which he placed about himself in all sorts of positions. Then psychical onanism by means of the thought of women's shoes. At school, sexual excitement due to the teacher's shoes. Partial concealment of the shoes by long skirts induced especial pleasure. In order to intensify his sensual excitement he one day seized his teacher's shoe, and experienced greater pleasure than ever. Sexual orgasm. In spite of punishment, repetition of the act, with like result. Later, the mere memory of his teacher's shoe induced ejaculation. After that he purloined the servant-girl's shoe and ejaculated in it. New variations by using a different shoe with each act of onanism. He stole shoes for this purpose. Nude women or men excited only feelings of disgust. He never thought of sexual intercourse. Finally, he

[1] *Loc. cit.*

[2] Krafft-Ebing's "New Investigations" gives very pregnant examples.

sold shoes in a store. Sexual excitement while fitting them. On one occasion, while fitting a pair of shoes, powerful erection without orgasm; loss of consciousness and an epileptic attack. Determination to marry. Impotence in marriage. On Hammond's advice he hung a shoe over his head; simultaneous treatment with bromides. Coitus was then successful, and without epileptic attack. Later, regular sexual intercourse once in ten days. The thoughts of women's shoes came to him still now and then, but without exciting him sexually.

This very remarkable case, as Hammond remarks, shows that a strong will, even in a man of no great intelligence, is capable of redirecting an abnormal instinct into its normal path.

Another of Hammond's patients, a cigar-dealer, in childhood saw a dog and bitch copulate. Believing that this took place by means of the anus, he passed a lead-pencil into his own rectum. "This caused him local pain, but also a peculiar feeling of pleasure, the localization of which he could not at first make out." After a few days he repeated the experiment with similar result, but this time used the handle of a tooth-brush which he had previously oiled well. Again he experienced a pleasurable feeling, and that in the penis. From this passive pederasty was developed.

Moll,[1] who "will not deny that accidental causes are not without value," assumes that there was doubtless an abnormal disposition in the boy. "How could he," asks Moll, "otherwise have had such a pleasurable feeling on inserting the lead-pencil in his anus as to be led to repeat it so frequently?" Even if the patient were the subject of an inherited neuropathic disposition, which Hammond's report does not make clear, it would not be necessary to regard it as an original inclination to pederasty. Local irritation of the rectum alone is sufficient to induce erection, and therefore causes sexual excitement, as has been repeatedly demonstrated on impotent debauchees in removing foreign bodies from the rectum.

From pederasty contrary sexual instinct was developed in the patient; he put on feminine attire, called himself "Lida," and never had inclination for women after the undifferentiated sexual feeling had been given a definite direction. He later had epileptiform attacks. He stated that he had performed pederasty at least ten thousand times, actively and passively.

[1] *Loc. cit.*, p. 163.

The desire to be a woman became so intense (as in the pathici of the ancients and in some of von Krafft-Ebing's patients) that he repeatedly thought of amputating his genitals.

In the following case, by Hammond, accidental local irritation (of erogenous areas) seems to have been the starting-point of the perversion:—

A boy, aged 12, was severely punished in school for a mischievous prank; soon after he had an erection lasting half an hour, with a peculiar feeling in the glans which he had never before experienced. The same afternoon he went bathing with a companion, and while in the water he placed his hands on his companion's shoulders. He had often done this before without experiencing sexual excitement. On this occasion his penis touched his friend's gluteal region, and immediately he experienced the same feeling with erection that he had had after being punished. They were near the bank, and, without being conscious of it, he performed pederasty (immissio penis in anum?). From this time he continued the vice, partly passively, but for the most part actively by preference. Sexual excitement induced by nude men; onanism. Ideas: male gluteal region; dream-pollutions of a pederastic nature. Women had no power to excite him. He remained an active pederast.

Hammond's treatment freed him entirely of his perverse tendencies. It consisted of "study of mathematics, hydrotherapy; cauterization of the cervical, dorsal, and lumbar regions; bromides, and family social life." After a few months essentially improved; sexual inclinations for women; marriage.

The following case is also interesting, though in some respects it seems to speak in favor of the theory of original predisposition:—

The patient, father of four healthy children, the issue of an extremely happy marriage, according to his own statements, before puberty had a decided preference for household work and feminine games and dress, though he came only to wear girls' shoes. His preference for feminine attire grew later, as well as that for acting feminine *rôles* on the stage by men. At the age of 21 he wore corsets, laced himself, and stated that he thus experienced great sensual satisfaction. No onanism, but involuntary ejaculation three times while putting on and buttoning a pair of very tight shoes (ladies' shoes with French heels). After his marriage he no longer wore corsets.

In spite of a happy marriage, after several years the same ideas returned. He was accustomed to put on and button ladies' high-heeled shoes, which induced erection and ejaculation. Ideal cohabitation at the

sight of a lady tightly laced and with elegant feet. Again he wore corsets, and, to increase the pleasure by novelty, he bought other articles of feminine apparel,—a black-silk gown, curls, hoops, false hair, and earrings. He padded his breasts, laced, and put on an enormous bustle. He had his hair dressed fantastically in the ladies' fashion for hours at a time. He persuaded his wife to lace. He dressed himself up as a ballet-dancer, Queen Elizabeth, a Polish lady, an old maid, the Goddess of Liberty, Julia, etc.

In this very interesting case, unfortunately, we learn nothing of the manner of origin of the pathological association,—that is, nothing of the external circumstances which were operative in inducing the preference for feminine dress. In this case, as was remarked in opposition to Westphal's view, in our opinion, we are not concerned with a case of contrary sexual instinct, for the sexual feeling, as the happy marriage and the four children show, was perfectly normal, and underwent no essential alteration as a result of the imperative ideas. At most, the case might be called one of psycho-sexual hermaphroditism. In spite of the feminine *rôle* and the erotic fetichism, the sexual feeling remained normal, and the imperative idea only concerned dress. Had the patient masturbated excessively, and thus intensified his perverse tendencies, he might possibly have come to assume also the feminine sexual *rôle*. This case shows clearly that we are justified in speaking of contrary sexual instinct only when the sexual feeling is demonstrably implicated. Subsidiary symptoms, like preference for ornament and feminine work, or specific feminine peculiarities of character, are not by themselves sufficient to justify a diagnosis of sexual inversion, though they may easily become the starting-point of it, for proof of which, in the foregoing case, the erections and ejaculations may be noted.

How very influential external circumstances are in determining the sexual character is shown by the following case, reported by Rouboud[1]:—

A general's son, while a pupil at a military school, at the age of 14 was introduced to the pleasures of love by a young lady, a friend of the

[1] Rouboud: Traite de l'impuissance et de la stérilité, 3 éd., Paris, 1876; and Hammond, *loc. cit.*

family. This lady, then 21, was a blonde, wearing her hair in the English fashion,—in twisted locks; and, to avoid detection, she had sexual intercourse with her young lover only while dressed in her usual garments,—skirts, corsets, and a silk gown. All these peculiarities finally had the greatest influence not only on the intensity of excitement, but also merely on its occurrence. This exceedingly sensual young lady exhausted the boy's strength, and only the strict discipline of the military school was capable of restoring the sexual organs, which had been overstimulated by too early and too frequent use. Finally, after leaving the school, the patient noticed that his sexual desire could be excited only under definite conditions,—by certain women. A brunette could not excite him; a female in night-costume might stifle all desire in him. In order to excite his desire, the woman had to be a blonde, and wear skirts, a corset, and a silk-dress; in short, be dressed like the woman who had first excited him sexually.

Similar pathological associations may so operate as to render a husband virile only with his wife, or to make a debauchee impotent on his marriage-night. This relative impotence is due to one-sided determination of sexual feeling which, in many instances, has previously been undetermined, and it may attain the intensity of imperative feelings. Psychologically, it is to be explained like the pathological association of fetichism and the impotence of persons of contrary sexuality.

Concluding Remarks.—A review of the cases already given, and of those still to be given in the therapeutic portion of this work, clearly shows the extraordinary importance of accidental factors of education and external influences in the etiology of paræsthesia sexualis,—a fact which, I think, is greatly undervalued by some authors.

We have seen that many cases that have been regarded by their reporters as abnormality of hereditary disposition were developed as a result of accessory causes; that the proof of the existence of a congenital predisposition, such as that of the female type of character in a male body, for example, rests entirely upon statements made by patients, and therefore is defective. The historical and developmental theory of anthropological transformation (androgyny and gynandry) seems to us least entitled to support by experience.

On the other hand, as a rule, pathological association was

capable of developing the evil results only where a nervous system of slight resistive power—the most frequent symptom of hereditary taint—offered favorable ground. The experiences with fetichists taught us, first of all, what part may be played by the object of the perversion, in determining its form as a cause of imperative ideas and feelings with their consequences (effemination, for example).

The part played by the accessory factor in the etiology of the habitual impulse to perverse sexual acts is usually more important than that played by hereditary disposition. And the latter, in the class of psycho-sexual anomalies we have considered, and which, in comparison with those resulting from demonstrable original brain constitution, includes the larger number of cases, represents a general pathological disposition (imbecility or irritable weakness), and a want of resistive power to compensate the pathogenetic excitations by normal opposing concepts or inhibition of impulse. With this, I think, we have reached a more general and a clearer conception of a large class of psycho-sexual disturbances and diseases, more satisfactory with reference to prognosis and therapeutics.

CHAPTER X.

DIAGNOSIS AND PROGNOSIS.

Remarks on Perverse Activity, Original Disposition, Accessory Causes, and Neuropathic and Psychopathic Symptoms. —Diagnosis in the case of fetichists and algolagnists is relatively easier than in the case of contrary sexuality; for, as a rule, their sexual power is associated with the perverse activity of the instinct, and normal intercourse is impossible. There are some exceptions to this. Perverse activity is to be regarded as pathological in every case where it is a *conditio sine qua non* of sexual power.

In algolagny, as pointed out in the foregoing chapter, it must be ascertained whether the acts expressing cruelty are active or passive in nature; also, when they are merely symbolic, whether they signify subjection.

Too, the abnormal manifestations of the sexual instinct largely arise from pathological intensification of the inclination, very common in healthy men, to experience variations in the sexual relations. In such cases the object and the manner of the perverse activity change; the object of it may belong to both sexes.

In all perversions, uranism as well as fetichism and algolagny, the question of hereditary taint, as shown by our considerations, must be studied most carefully. Therefore the following question is of the utmost importance. Is the perversion the result of an original abnormality of cerebral constitution, or has it developed as a result of accessory injurious influences of education upon the predisposing basis of a neuropathic hereditary taint?

Too, the states of original degeneration may become developed only in the course of life from the inherited disposition. In order to form a judgment of the "plastic capability of adequate adaptation to external circumstances" (Forel), the most exact knowledge of the accidental influences

of education is necessary. The occurrence of the first sexual excitement (indefinite feelings and erection), which may, as we have seen, take place as early as from the fifth to the eighth year, especially in those hereditarily predisposed; the external circumstances accompanying it, which often lead to the fatal association; further, the occurrence of the first sexual orgasm with its associated perceptions; and, finally, the ethical and emotional reactions,—all are of the greatest importance. Where, however, in spite of all favorable educational influences, and without demonstrable external causes, the perversion progressively develops, congenital disposition seems to bring about the result. Still, it must be remembered that the exciting causes are often forgotten. The idea accompanying the onanistic act (whether psychical or mechanical) should be studied, for by practice and habit the abnormal thought may become an imperative idea.

But the absence of onanism does not exclude cultivation. For the fancies accompanying dream-pollutions are likewise merely recapitulations of the individual's experience. If, in their first sexual association, these are of a perverse nature, they may then assume the *rôle* of cultivation.

Such cases, also, as those in which no hetero-sexual rudiments of any kind can be discovered are by no means decisive as evidence of the original character of contrary sexual instinct; they may likewise be the result of external influences which, from the first perverse association, completely appropriated the undifferentiated sexual feeling, and thus left no opportunity for other sexual feelings and experiences.

On the other hand, very important in establishing the original tendency of contrary sexual instinct is the proof that the feminine characteristics of the male child were developed before the occurrence of the first sexual excitement (not before puberty, as many urnings think), and that feminine sexual feeling arose from these characteristics without the aid of external influences. On this point, however, the statements of urnings—their confessions—are to be accepted only with great reserve. For, while writing the autobiography, these individuals are under

the subjective influence of a sexual development resting upon numerous experiences; perhaps, too, they are subject to the unconscious suggestion of von Krafft-Ebing's theory of heredity, and thus enlarge the history retrospectively, without distinction in time of the subjective events.[1] On this point, no error is easier than to date the beginning of effemination before the time of the first sexual excitement; while effemination as a secondary product of sexual inversion would speak in favor of the theory of cultivation. Standing alone, without sexual inversion, manifestations of effemination prove the existence of contrary sexual instinct as little as do physical peculiarities which resemble those of women.

We may distinguish three possible etiological developmental factors in the production of contrary sexual instinct: (1) original cerebral constitution; (2) a neuropathic disposition with educational influences; (3) pure cultivation in normal individuals. Class 2 is by far the most numerous.

In sexual inversion the following important diagnostic points should be considered: (*a*) the episodical occurrence of homo-sexual impulses in individuals of hetero-sexuality; (*b*) psycho-sexual hermaphroditism; (*c*) the content of sexual dreams; (*d*) the complete absence of hetero-sexuality as a pathological phenomenon (Moll).

It is of the greatest importance in diagnosis to demonstrate the existence of other neuropathic or psychopathic symptoms, signs of degeneracy, etc.; that is, to ascertain whether the perversion occurs as a symptom of moral insanity, congenital imbecility, etc., or whether the disturbance of the sexual instinct seems to be isolated and independent in an individual otherwise normal mentally.

Besides, there is also the question of responsibility. The fact of disease of the sexual instinct does not in itself render the

[1] Binswanger very justly expresses his mistrust of such "auto-suggestions of doubtful value"; for, in his opinion, they might arise especially in connection with the "amalgamation of abnormal sexual inclinations with increased physiological excitability." Nowhere, according to Binswanger, is there a greater effort to be excused morally and legally, and to cover with the mantle of abnormal constitution acts which are not in accord with modern morality, than in this domain.

individual affected irresponsible. Only the proof that the individual has committed a criminal act as a result of organic necessity, as if forced to it, and, owing to his cerebral constitution, was incapable to developing (or acquiring) the necessary inhibitory (or restraining) ideas, will allow him to be held as devoid of free will. Very many individuals of contrary sexuality are well able to control their impulses. The broad leniency which Moll accords such patients, in this respect, seems to me to be unjustified; and it could be misused as permission for the justification of the most vicious practices.

Further diagnostic details are given in the works of von Krafft-Ebing and Moll, and in the preceding chapter.

Dependence of Prognosis upon the Causes of Origin.— The development of the perversion depends upon the lack of a rational development of the mind and will. The abnormal congenital disposition to perverse activity of the instinct, since it must be regarded as dependent upon cerebral organization, can scarcely be removed by any remedial measure. Still, in this, the severest form of predisposition, properly-directed measures may be successful in hindering the perverse tendency; in preventing the premature awakening of the sexual instinct; and eventually in establishing normal sexual intercourse by artificial cultivation. In isolated affection of the sexual instinct the prospects of cure are better than in individuals of defective constitution (Binswanger).

If the form of the perversion is not predetermined by the organization, but developed by exciting causes on a neuropathic basis, a favorable prognosis may be given. For the result of education may, in its turn, be overcome by education. The general condition of the nervous system will determine whether merely improvement of a deeply-rooted malady or complete cure is possible.

According to von Krafft-Ebing, the occurrence of effemination in individuals of contrary sexuality is the limit beyond which there is no hope in therapeutics. The more closely the abnormal inclinations are united with the constitutional peculiarity of the individual, the slighter the prospect of lasting

benefit. But this question still seems to us an open one; increasing observations of the favorable results of suggestive therapeutics make it seem possible, perhaps, to bring about a relative limitation and diminution of the acquired feminine character. Psycho-sexual hermaphroditism, cultivated pederasty, and acquired contrary sexual instinct in untainted individuals offer prospects of complete cure. Also, hetero-sexual rudiments in homo-sexual individuals permit a hope of awakening normal sexual feelings.

The intensity of the impulse and the past duration of the condition must be taken into consideration in the concrete case; as well as irritable weakness of the genito-spinal centres, which is a frequent accompanying symptom. Thus, even degenerate individuals may possibly be benefited to a certain extent. Whether, however, the completely-developed delusion of sexual transformation, and likewise algolagny in its highest degree of development (necrophilia and lust-murder), can be influenced, seems questionable. But we are not justified in stating that there is no hope while no attempts have been made in such cases with hypnosis. In a developed psychosis, in accordance with present views, psycho-therapeutics can accomplish little; therefore, where sexual perversion occurs as one of the symptoms of a psychosis, an unfavorable prognosis is to be given,—as in epileptic pederasty, in the perversities of paretic dementia, and in those occurring in certain states of periodical excitement.

CHAPTER XI.

PSYCHICAL AND SUGGESTIVE TREATMENT OF SEXUAL PERVERSION.

Consciousness of Moral Duty as a Prophylactic, with Remarks on Education in Morals, from the Stand-point of the Theory of Suggestion.—The principal task in the prophylaxis of sexual errors lies in education. A good moral character is the best preventive of psychoses. For passions and vices exhaust the brain and alter its constitution. Through yielding to dissipation and want of self-control many an insane patient has been, in part, responsible for his disease. The importance of moral education for mankind is shown by the facts of heredity. Congenital pathological changes of the brain, however, cannot be influenced either by the whole armament of moral treatment or by other means. No form of education is capable of compensating for the congenital defect of ethical ideas. In such a case, the strict discipline of a well-conducted institution is indicated.

Apparent cures of psychical degeneracy, as they are occasionally reported, in case of correctness of diagnosis, are explicable as marked remissions such as occur in moral insanity. For, according to the agreement of all alienists, original psychical degeneracy is incurable.

As a rule, however, we have to do merely with predisposition to perverse actions, and here correct education and control of the impulse may bring about improvement. Concerning the degree to which temperament and character can be influenced by pedagogic means, there are various opinions. That instincts can be overcome there is no doubt.[1] Taking the idea of suggestion in its widest sense, all education may be regarded as a combination of co-ordinated and well-considered "suggestions." It does not, of course, consist of merely the

[1] Comp. Guyau, Education et Herédité, Paris, 1890. This book gives excellent remarks on this subject, but it seems to us to contain some errors concerning the conception and significance of suggestion.

teachings of parents and teachers; morality, religious faith, and related conversation and social intercourse have an effect on the brain that is to a certain extent latent, and thus direct our habits. But education cannot create genius, though it may develop it.

Moral health is more important than intellectual qualities for the progress of the individual and the race. Vicious moral instinct leads to deterioration and extinction. Therefore, the creation of moral duties may be regarded as the necessary object of individual development. The Darwinian selection of the useful, in social life of animals, for example, also leads to the development or predominance, even though in a broader sense, of minor capability or peculiarity, by sexual selection.

Our acts are directed by what we call "duty"; this is the result of morals and reflection,—the product of harmony brought about between our dominant inclinations and the formulæ that have been suggested to us by the influences of education. With children, it is sufficient to emphasize this or that good peculiarity that is found in them in order to induce them to develop this faith. Every lively image (idea) in consciousness strives to make itself real in acts. It is necessary to make the child believe that it is morally free and master of itself. The opposite of this is moral abulia, an active yielding to the first strong impulse. To give a child bad feelings, to blame it unjustly (compare Case 67), is to bring about the opposite result,—to point out evil and develop it. Often the child is not conscious of doing wrong. In such cases it is necessary to convince the child that it did not choose to act so, but did it in mistake. Just as with hypnotized subjects, it is necessary to presume the existence of the peculiarities we wish the pupil to possess. Among the most powerful means of suggestion are public respect and self-respect, since daily experience shows that this means alone is effective in improving individuals. The abandonment of evil ways, perhaps, at first through external influence, at last becomes a habit, and the simultaneous direction of the attention to good contributes its share to the modification of conviction. And in the same manner an inner transformation may likewise take place.

Suggestion is merely the introduction of a corresponding belief to be later realized; the effect of suggestion, therefore, consists of the art of convincing an individual that things are or may be different from what they actually are. Thus, it is necessary to convince children that they are only capable of good, and absolutely incapable of evil. The suggestions of early years are the most powerful of all. There are good and bad instincts in every human being; and it is only necessary to guard the child on occasion from receiving the formula for the evil instincts. The consciousness of evil inclinations, of perverse tendencies in the vita sexualis, as a rule, intensifies them. Therefore, urnings try to excuse and justify their passion, as we have seen, by the aid of the theory of uranism originating with Ulrichs. The educator must also awaken the conviction that the individual is capable of understanding his acts. To cause any one to believe that he is a fool and incapable of this or that act is to systematically cultivate foolishness. Self-confidence must be increased by assurance. Through independent solution of difficulties the child becomes accustomed to being able to do what it wills; to school its will. Unfortunately, self-confidence is wanting in many men, especially in neuropaths, as is shown daily in medical observation. Mistrust of one's self finally becomes complete inner powerlessness. The conviction that one is perverse as a result of original cerebral constitution undermines all resistance to sensual impulses. Indeed, too intense a feeling of deficiency may lead to complete moral paralysis and suicide.

Thus, the great object of education is to create a series of habits by means of direct persuasion, acts, imitation, and admiration. Parents and teachers have an intense effect upon children through example; for children always imitate the persons about them. And these should always stand on a moral plane above that of the child. A firm will, leaning to justice and goodness, impresses children; that which astonishes most the child imitates. Thus, merely the example of goodness may actually improve an individual. It is not mechanical obedience, as enforced by the disciplinarian, but conviction and introduction by means of authority that are the correct factors in educa-

tion. When education has been successful in creating good habits, it remains to awaken the belief that these habits are valuable.

Every occupation, every social condition, has an educational influence. It forces us to act in conformity with a general idea. Our conduct is always accommodated to social relations. By this means, also, our hereditary tendencies undergo modification. Regular occupation in a calling has a general moral effect. Want of occupation, on the contrary, removes the individual from the influence of many social deterrents and abandons him to his inclinations and hereditary tendencies. Therefore, in the education of a child, the idea of sociability should be inculcated as strongly as possible from youth up. The ideal of humanity must be to direct hereditary instincts. In the sense here described moral and social suggestions may prevent the formation of a fixed idea, no matter whether it be related to crime or perversion. Natures that have lost equilibrium frequently are wanting in altruistic feeling (*e.g.*, the complete absence of compassion in criminals). And if such a feeling were present, in only a rudimentary form, in such an unfortunate being, still education could develop it and thus restore equilibrium.

Well-organized and regulated suggestions are capable of repressing or favoring the effects of heredity, no matter whether they be imparted during artificial sleep or in the waking state. For nothing takes place in hypnosis that could not be done in the waking state, more or less perfectly, even though in a rudimentary manner. Suggestion, therefore, does not present any isolated and remarkable phenomena. We are all sensitive to suggestions; and social life may be regarded as a state of equilibrium maintained by opposing suggestions. The possibility of personal resistance to suggestion varies considerably in accordance with individual peculiarities. The suggestive impulse may be looked upon as an imperative feeling *in statu nascendi*, which to a certain extent, like a rebel battles with pre-existing intense inclinations, and seeks, at the moment of suggestion, to turn the whole mind in the direction of a fixed idea which more and

more impresses the brain. At first suggestion always induces a temporary emotion, which, by cumulative effect,—as in frequent hypnotic sittings,—becomes a habit in the individual. The effect of suggestions during our childhood extends throughout our lives. Thus suggestion is a means through which a passive organism seeks to equalize itself with an active organism. The state of credulity in a child is comparable with the lack of resistive power in the hypnotized individual. At any rate, everybody believes most thoroughly what he convinces himself of; and therefore auto-suggestions often offer the most effectual resistance to therapeutic suggestions. The ability to suggest finally becomes ability to assure. The deep tone of conviction has the greatest suggestive power. Those persons that seem to assure the most by gestures and emphasis are the best hypnotic operators. An energetic will operates upon weaker natures like a command, and awakens corresponding feelings. Without the expectation of a definite result, without faith in one's self, there can be no activity. Consciousness of action is, at bottom, nothing more than the belief that one acts. Even a doubt may disturb habitual reflex acts. Thus, conscious life depends, in part, upon a relation in which we stand with ourselves.

Virtue and moral consciousness are not inherited; we inherit only the disposition to goodness and right-willing, as we may that to cruelty; education is more powerful in morals than in intellect. Every man, during the course of his life, comes to formulate rules for his own conduct, which vary in accordance with tastes, preferences, habits, and needs. The criminal, like the philanthropist, is directed by constant rules which, at bottom, represent the theoretical formula of his conduct. In harmony with the manner in which the nucleus of the soul is stimulated in the child, moral consciousness is developed. Since practice precedes theory, it is an important principle in education to direct the acts of children in a moral sense, before fundamental principles are impressed upon them. It is best if, as Herbert proposes, children formulate rules for themselves from their own experience.

True morality can never be the product of heredity. It

only results from education, when our reason gains possession of us. Therefore, consciousness of a moral duty signifies consciousness of inner and well-considered knowledge which directs our acts, the presence of ideas which strive to become real by virtue of their own power, and the presence of feelings which, as a result of their development, have in view the well-being of fellow-beings.

Other Means for the Prevention of Sexual Errors.—If the principles of education here laid down and studied with reference to the theory of suggestion are important in general for the development of the character in the child, it is still much more so for neuropathic individuals, in whom the vita sexualis seems to be the *locus minoris resistentiæ*, and which, under the influence of unfavorable conditions, is directed into perverse lines. Sexual education, then, besides observance of the measures given in Section I, with careful watching must endeavor to delay as long as possible the appearance of sexual instinct, and to diminish its intensity as much as possible. Pathogenetic stimuli, as offered in seduction and example, are to be prevented. In order to prevent pathological determination, care must be taken that the boy is accustomed to the society of female companions. Noticeably close friendship with boys and indifference toward girls require the most careful watching by parents and teacher, and should arouse suspicion.

Especially in abnormal individuals, the will must be schooled to control sensual impulses. But the inculcation of moral principles, great as their worth may be, must not go to the extent of the ascetic development of abstinence physiologically unattainable. In one of my cases the opposite—love of men—was artificially induced. It has been previously mentioned that, at the time of puberty, a rational explanation of the sexual relations is a powerful prophylactic. Unfortunately, in most families, this point is overlooked. With a negligence for which there can be no excuse, the determination of this instinct, so important for procreation, is left to accident; hence the intractable undifferentiated sexual feeling, excessive onanism, and the cultivation of perversions. Ask such unfortunate

persons who has explained their malady to them, and it will be found that it is seldom parent or teacher, but popular books, friends, etc. I believe that, in severe forms of sexual perversion, help and cure are possible as long as the individual is still undergoing development. The earlier the individual treading a false path is treated, the better the prognosis. Where there is a certain amount of ethical weakness, or inability to form inhibitory ideas, an attempt should be made to associate such individuals with normal comrades possessed of strong wills, to whom passive natures easily accommodate themselves. Tarnowsky thinks that slight ridicule of boys that manifest a preference for female occupations may prevent the development of perversion. At least, it should be remembered that the activity of feminine inclinations cannot occur without some fault in education. In all these questions, as von Krafft-Ebing remarks, the family physician can give assistance and exercise prevention, provided his advice is sought.

Should Urnings be Treated?—A question of prophylaxis from the stand-point of coming generations involves the *pro* and *con* of the treatment of urnings. Moll[1] raises the question whether contrary sexual instinct should be treated medically; indeed, does not pederasty, according to Schopenhauer's view, serve nature's purpose, in that, as a vice, it prevents the begetting of unfortunate descendants by "old and sexually-depraved men"? Moll thinks that it would be possible to bring about disharmony in the pronounced effemination of an urning!

The writer mentioned does not feel justified in giving a positive answer to this question, but leaves it for social and legal determination.

Marriage.—I hold that, under all circumstances, medical treatment of such unfortunates is indicated as long as it is not attempted to carry it beyond impossible limits. That coming generations must suffer as a result is, as our study of the matter has shown, quite possible, but it is by no means proven. Besides, the union with a female character may compensate the peculiarity. Such individuals should be directed to marry emo-

[1] *Loc. cit.*, p. 209

tional women possessed of lively sexual desires. The opposing characteristics of the mother, in accordance with the law of inheritance, compensate the defect in the father, and thus the descendant more nearly approaches the normal standard.

Still, one must be aware that marriage is not a cure, for psycho-sexual hermaphrodites are not so infrequent among the married. Tarnowsky saw cases in which youths with "congenital sexual perversion," aged from 25 to 30 years, became capable of intercourse with women, married, and begat children. Moll doubts that these persons became normal. I think Tarnowsky is right; only they were not cases of original disposition, but perversions in predisposed individuals, induced by exciting causes.

Onanism and Exciting Causes.—Owing to the extremely injurious effect of onanism, which plays a part in almost all forms of sexual perversion, youths must be most carefully watched on this point, in accordance with the advice given in Section I (schools and academies). But the dream-life and pollutions at night must not escape attention. For in case of some pathological association with abstinence from onanistic acts, a dream-picture of perverse content with simultaneous pollutions, as a result of continued repetition, may assume the *rôle* of ideas accompanying masturbation. The abnormality of these ideas is the starting-point of psycho-sexual disease. They must, therefore, not be allowed to become the imperative product of habit.

Prophylaxis against the injurious influences described in Chapter IX is to be carried out in accordance with the peculiarities of each case, without any thought to make a general application of the measures here described. Thus, for example, in the case of a predisposed boy, spanking should not be practiced, if it induce sexual excitement, in order to nip algolagnistic inclinations in the bud.

The therapeutics of the anomalies of the sexual instinct, according to von Krafft-Ebing, may be advantageously divided into three parts:—

1. Treatment of the constitutional disease forming the

basis of the sexual perversion (neurasthenia sexualis or universalis).

2. Removal of onanism and other influences injurious to the vita sexualis.

3. Specific treatment of the abnormal instinct.

Antineurasthenic treatment, the means of which are sufficiently well known, under certain circumstances, is alone sufficient to cure cases that have made but slight progress. Besides hydro-therapeutic, electrical, and medicinal means, severe mountain-walks, extending over months, are especially to be commended. In addition to strengthening the constitution, they also strengthen the will.

The treatment of onanism is given in detail in Section I, and therefore we may omit it here, as well as that of sexual hyperæsthesia and impotence,—the most frequent accompanying symptoms of sexual paræsthesia.

In respect to the two points mentioned, almost all sexual perversions seem to us amenable to medical treatment; perhaps cases of advanced dementia are exceptions, as they are rather to be met with in asylums than in private practice.

Psycho-therapeutics in Cases of Perverse Instinct.—The treatment of an abnormal instinct can be only psychical. Where psychical treatment in the waking state is not successful, suggestion in hypnosis may be advantageously brought into requisition. In all cases the patient should be made to school his will, that he may thus be able to control his impulses. The patient should be advised, by energetically conquering himself, to think of woman and the sexual act, and in any sexual excitement attempt to substitute woman for man. Many patients are finally able, in the struggle with themselves, to experience pleasant feelings and erection in the thought of hetero-sexual relations. When this is attained the victory over the abnormal instinct is practically won.

In the process of recovery, every person of contrary sexuality passes through the stage of psycho-sexual hermaphroditism, —a condition in which he is excited by both sexes. What at first gives rise to the greatest repugnance (feeling of disgust) by

patient repetition finally becomes habitual; and many patients give the assurance that, in sexual excitement, they are able, without the slightest difficulty, to substitute female for male fancies. Some of the cases reported in the following series clearly illustrate psycho-therapy without hypnosis.

In the treatment of urnings, Moll correctly distinguishes two objects: (*a*) overcoming the instinct itself; (*b*) repression of its activity.

Of course, the first—that is, the removal of perverse feeling—is the more important. I agree with Moll's view that, on the whole, it is advantageous first to suggest hetero-sexual feelings until the patient himself feels the need to attempt coitus. That is the natural manner of cure. The performance of coitus, even when, in spite of repugnance and with the help of the perverse imagination, it is successful, is in reality no cure. Want of success, on the other hand, causes a feeling of depression and makes further treatment more difficult. From this is derived, as a fundamental principle of treatment, the combating of hetero-sexual feelings and the creation and promotion of hetero-sexual feelings; and, in the second place, the direction of the activity of the instinct in a normal way. Further, it should be remembered that in neurasthenics with perverse instincts weakness of sexual power is frequent, and that several months of abstinence essentially contribute to the restoration of the weakened sexual function.

Regulated Sexual Intercourse.—With complete acknowledgment of Moll's caution mentioned, regulated sexual intercourse seems to us to be advantageous where the instinct and effemination, or other perversion, are complete. It is very difficult, sometimes impossible, for example, in persons of fully-developed effemination, to induce by suggestion alone hetero-sexual feelings and ideas of such intensity that erections occur where the corresponding sensory perceptions are wanting to the patient. Cases in my experience, on the other hand, show me that patients who, in the first attempt at coitus, had feelings of disgust and were impotent, in the second, made on my advice, under the influence of alcohol, were successful; and in the third

attempt proved potent, even though erection was brought about only after manipulation by the puella. Thus the ice was broken, and the patient's sexual impulses were made harmless in spite of himself. Sexual intercourse, begun under such difficulties, must be regularly continued by the patient until it becomes a habit.

In patients that are not weakened sexually, finally spontaneous erections occur, and the psychical equivalent—that is, the psycho-sexual reflex effect—must occur. Whether this completely compensates the perverse tendency depends upon the degree of the malady and individual conditions. A diminution of the abnormal ideas takes place, however, in all cases. Thus, Binet also observed, in fetichists, that from the moment of regulated sexual intercourse the image of the fetich paled and lost its harmful influence. For abstinence from natural sexual congress induces sexual hyperæsthesia and intensifies the impulse in its perverse direction. Conversely, inclination for women may arise from regulated coitus. Indeed, I have observed that the patients were able to resist homo-sexual temptation as long as intercourse with women was continued; but as soon as a long pause occurred, the impulse, *faute de mieux*, took its old direction.

The relapses noted in my patients occurred at a time when they were abstaining (illness, absence of the physician, long absence of the wife, etc.). In few severe cases will it be possible to obtain a relative cure in this way. In severe cases,—for example, in well-developed effemination,—at least, it will be possible to bring about a compensation of the perverse instinct in sexual relations. The patient regains his inner equilibrium, and at last finds himself in the desired situation. In occasional relapses he finds no pleasure in homo-sexual relations. Moreover, in many patients the occurrence of imperative sexual ideas of perverse content corresponds with their physical condition. Deterioration of bodily health goes hand-in-hand with the recurrence of homo-sexual images. Not every case of psychical impotence in sexual perverts has its cause in perversion of the instinct. Rather, there are also neurasthenics in whom

virility alternates with impotence periodically, as does depression and exaltation. Such neurasthenic impotence may also exist in individuals of contrary sexuality without the causative influence of the abnormality of the instinct.

But the transformation of the sexual feeling is not without effect on the character. In one case I observed that there was an increase of self-confidence and energy, the want of which was previously characteristic of the patient's malady; these characteristics were influenced by duties of occupation which called all his manly powers into requisition. In one case of complete effemination, likewise, there was an unmistakable weakening of feminine peculiarities. Powder and paint were no longer used; the pictures of urnings disappeared from the wall; the feminine articles of toilet were given away; and in some situations the patient's conduct was much more decided; and, besides, a certain diminution of inner lack of control was noticeable. Still, as before, there was interest in men, though it was not much colored sexually.

Tarnowsky also confirms the great importance of regulated sexual intercourse. He says:[1] "With continuance of sexual intercourse, especially with the same person, the sexual perversion gradually weakens; and, finally, the youth, who from birth was disposed to perverse sexual activity, becomes a man with normal sexual functions, capable of family life."

Suggestive Treatment in Hypnosis.—With most patients, energetic advice—that is, the psycho-therapeutics of the waking state—is not sufficient; and it then only remains to make use of hypnotic suggestion. Von Kraff-Ebing regards it as the only "means of salvation" in desperate cases. Where rudiments of hetero-sexual feeling are still present, these must be strengthened by suggestion; where they are wanting, the hetero-sexual feeling must be artificially created. In suggestion, as the writer mentioned justly remarks, we have an excellent means with which to destroy the abnormal psycho-sexual existence and create a new. Whether, however, as von Krafft-Ebing thinks, a deepening of hypnosis to somnambulism is necessary for this,

[1] *Loc. cit.*, p. 18.

seems questionable. The figures of the table appended to the following chapter give some points concerning the susceptibility to hypnosis in cases of sexual paræsthesia.

Binswanger[1] regards the "murky domain of perverse sexual instinct," in spite of the available results of experience, as not conducive to exact knowledge of the curative effect of hypnotic suggestion; and he doubts the complete transformation of sexual feelings and inclinations by means of hypnosis, because he gives no credit to the statements of such patients concerning such changes. In this case he should have given some other acceptable criterion, with which such changes could be judged objectively.

On the whole, neurasthenics—and it is with such individuals that we are, for the most part, concerned—are, as has been mentioned, difficult to hypnotize, and often it is necessary to bring about hypnosis[2] with the help of narcotics. But even in deep hypnosis it is not always easy to implant normal sexual feeling. Often the sexual abnormality dominates the whole personality when such patients have at last come to submit to medical treatment. In his work Moll mentions a philologist, afflicted with contrary sexual feeling, who violently resisted the suggestion to visit a certain woman at a certain hour. Moll believes that the fear of coming in contact with a woman may so rule the urning, even in deep hypnosis, that he tries to avoid any possibility of it. I have seen similar fear of coitus in some onanists, as in some persons of contrary sexuality. I have always succeeded, however, with the exception of one case of uranism treated only a week, in inducing the patients to attempt coitus. When hetero-sexual intercourse has once been successful, as has been said, it may be regarded as the turning-point for improvement, in spite of the initial disgust during and after coitus.

Since the histories given in the following chapter offer opportunity for special therapeutic details, we may here conclude the general consideration of the principles of treatment.

[1] *Loc. cit.*

[2] Comp. von Schrenck-Notzing: Die Bedeutung der Narcotica für den Hypnotismus. Abel. Leipzig, 1891.

CHAPTER XII.

HISTORIES ILLUSTRATING SUGGESTIVE THERAPEUTICS IN PERVERSIONS OF THE SEXUAL INSTINCT.

THE following thirty-two cases show the importance of suggestion in the most frequent form of sexual paræsthesia. Two cases (40 and 46) illustrate psychical and auto-suggestive treatment in the waking state. Among the following cases, those that have been previously published in other works are indicated with their sources.

PSYCHO-SEXUAL HERMAPHRODITISM.

Case 39. *Psychical Hermaphrodite Treated in Six Sittings without Success (Prof. von Krafft-Ebing).*—F., aged 33 years; large; stately; abundant beard. Mother and sister nervous. At the age of 12 years he suffered with fits of depression. Attempt at suicide at 13 years of age. For seven years attracted to males, especially to male servants. At the age of 12 years he slept in a room with a male servant. This excited him excessively sexually, and he caressed the servant until the latter consented to mutual masturbation (pathological determination of the undifferentiated sexual feeling by the first object at hand.—Von Sck.). In spite of inclination toward the male sex, rudiments of hetero-sexual impulses. When a small boy he felt a desire to fondle little girls lustfully. At the age of 17 he was in love with a young girl of beautiful form, but a year later he was incapable of coitus with a prostitute. Five years ago he performed coitus with a girl who charmed him with her beautiful form. Indulgence in masturbation from his thirteenth year. Embracing and kissing cultivated urnings always induced ejaculation. Dream-pollutions due to dreaming of men. Abhorrence of his perverse sexual impulse.

Krafft-Ebing's advice to this patient consisted of: 1. Avoidance of sexual excitement. Resistance to contrary sexual feelings and abandonment of onanism. 2. Strengthening of the neurasthenic nervous system by suitable hydro-therapeutic and other cures. Attempt at hypnotic treatment for the purpose of imparting suggestions.

In six sittings both physician and patient tried in vain to induce hypnosis, and further attempts were abandoned.

Case 40. *Successful Auto-suggestive Opposition of Homo-sexual Inclinations by a Psychical Hermaphrodite (von Krafft-Ebing).*—Father apoplectic; mother suffered with anæmia and melancholia. The patient

had enuresis nocturna in childhood, and played with his genitals, for which his father tied him in bed. No onanism until his fifteenth year. Only platonic inclinations toward women. At the age of 18 sexual congress with a woman, without special inclination, but quite frequently. After the occurrence, old-looking, melancholic conduct. The patient liked to imagine himself as humiliated. Love of young men. Opposition to it at first. Then the patient became a genuine urning and was greatly depressed. Tædium vitæ and misanthropy. He became a socialist and carried on dramatic studies. Shame kept him from submitting to hypnotic treatment. "Now I persuaded myself that I was frightfully weak to have so little confidence in myself, and I began in earnest to overcome my homo-sexual desires. At the same time I fought against my nervousness by leading a proper life. I rowed, fenced, was much in the open air, and had the delight, finally, on awaking, to find myself another man. When I thought of the time from my twentieth to my twenty-sixth year, it seemed to me that a strange, disgusting man had occupied my body during that period. I was astounded that the handsomest male waiter excited no interest in me. I was disgusted when I thought how such men had once impressed me. My self-respect increased; and since my twentieth year my appearance has constantly improved. Relapses of my homo-sexual desires occurred, but I repressed them energetically. I satisfy my libido in coitus, and I hope, by continuing to lead a proper life, that my pleasure in it will increase."

Case 41. *Psychical Hermaphroditism. Essential Improvement by Suggestion (von Krafft-Ebing).*—Mr. von P., aged 25, single, Pole, suffered with convulsions when a child. Weakly, emotional, irritable. No serious diseases. Awakening of the sexual instinct before his tenth year. His earliest memory of lustful feelings is of those in connection with a male servant. Later, lascivious dreams of men. At the circus, interest in male performers. Contact with a youthful and muscular male form induces ejaculation. Not insensible to feminine charms. He regards man as more beautiful than woman. Hetero-sexual congress since his twentieth year, as a result of excessive libido. No manual, but frequently psychical, onanism. Coitus successful, but devoid of pleasure and lustful feeling. Enforced abstinence from his twenty-second to his twenty-fourth year; *faute de mieux*, psychical onanism. For a year there had been defective libido for women, insufficient erection, and premature ejaculation. Coitus given up; libido for men. Owing to the irritable weakness of the ejaculation-centre, simply the touch of an attractive man induces ejaculation. Family circumstances force him to marry; he regards himself as psychically impotent, and seeks help.

The patient is masculine in appearance. Cranium slightly hydrocephalic and rhombic. Abundant beard. Genitals normal. Cremasteric reflex cannot be elicited. No symptoms of neurasthenia. Neuropathic

eyes. Pollutions infrequent. Erections occur only on meeting very attractive men. July 16, 1889, first hypnotic sitting. The third sitting, on the 18th, first induces deep lethargy. Suggestions: No inclinations for men; love for the female sex; complete virility. The degree of hypnosis never goes beyond lethargy. The suggestions are accepted. On the 24th the patient announces that he has had coitus with enjoyment. At the same time, he still thinks man more beautiful than woman. August 1, 1889, the treatment was necessarily interrupted. *Result:* complete virility; complete indifference for both the male and female sexes.

Case 42. *Psycho-sexual Hermaphroditism Completely Cured by Several Months of Treatment by Suggestion.*[1] *Report of the Duration of the Cure One Year After Discharge* (*von Krafft-Ebing*).—Mr. von X., aged 25; landed proprietor. He comes from a neuropathic, passionate father; normal sexually. Mother and two sisters nervous. Maternal grandmother was nervous, and his maternal grandfather was a *roué*, much given to venery. Patient is like his mother, and an only child. From birth he was weak, suffered much with migraine, and was nervous. He passed through several illnesses. At 15 he began masturbation without having been taught it. Until his seventeenth year, he says, he never had feeling for men or, in fact, any sexual inclination; but at this time desire for men arose. He fell in love with a comrade; his friend returned his love. They embraced and kissed and indulged in mutual onanism. Occasionally, patient practiced coitus inter femora viri. He abhorred pederasty. Lascivious dreams were only about men. In the circus and theatre males alone interested him. His inclination was for those of about 20 years of age. Handsome, tall forms were enticing. Given these conditions, he was quite indifferent to other characteristics of the man. In his sexual affairs with men, his part was always that of a man.

After his eighteenth year the patient was always a source of anxiety to his parents; for he then began a love-affair with a male waiter, who fleeced him and made him an object of remark and ridicule. He was taken home. He consorted with servants and hostlers. He caused a scandal. He was sent away for travel. In London he got into a "blackmailing scrape," but succeeded in escaping to his home.

He profited in no way by this bitter experience, and again showed disgraceful inclinations for men. Patient was sent to me to be cured of his fatal peculiarity (December 12, 1888). Patient is a large, stately, robust young man, of masculine build; large, well-formed genitals. Gait, voice, and attitude are masculine. He has no pronounced masculine passions. He smokes but little, and only cigarettes; drinks little, and is fond of confectionery. He loves music, art, æsthetics, flowers, and moves in ladies' society by preference. He wears a moustache, the face being other-

[1] Psychopathia Sexualis, Case 139.

wise cleanly shaved. His garments are in nowise remarkable. He is a soft, *blasé* fellow, and a do-nothing. He lies abed mornings, and can scarcely be made to rise before noon. He says he has never regarded his inclination toward his own sex as abnormal. He looks upon it as congenital; but, taught by his sad experiences, he wishes to be cured of his perversion. He has little faith in his own will. He has tried to help himself, but always begins to masturbate. This he finds injurious, inasmuch as it causes slight neurasthenic symptoms. There is no moral defect; intelligence a little below the average. Careful education and aristocratic manners are apparent. The exquisite neuropathic eye betrays the nervous constitution. He has hetero-sexual feelings, but his sensual inclinations toward the opposite sex are weak and infrequent. At the age of 19 he was first taken to a brothel by his friends. No horror feminæ; efficient erections and some pleasure in coitus, but not the instinctive delight he had experienced while embracing men.

Since then, the patient states, he has had coitus six times, twice *sua sponte*. He asserts that he is always capable of it, but he performs it only *faute de mieux*, as he does masturbation when the sexual impulse troubles him, as a substitute for congress with men. Rudiments of sexual feeling present. The indications were clear enough. Hansen had tried in vain to hypnotize the patient. To the astonishment of the physician, Bernheim's method immediately induced deep lethargy, with possibility of post-hypnotic suggestion.

At the second sitting somnambulism by simply looking at him. Suggestive contractures possible. Awakening by counting three. Amnesia for the events of the hypnosis. Repetition of the treatment every second or third day, together with moral and hydro-therapeutic treatment. Suggestions: Horror of onanism; repugnance for men; inclination for women. Patient repeats the suggestions at each sitting.

After the fourth sitting it was noticed that the patient paid attentions to ladies in the circles to which he was introduced. Soon after he was much taken with a prima-donna. Some days later he sought the address of a brothel.

February 17th. Asks to be allowed to perform coitus. Satisfied with his experience with a member of the *demi-monde*.

March 16th. Hypnotic treatment twice a week up to this date. Patient states that he is free from onanism and sexual feelings for men. Since he gives the same answers in hypnosis,—*e.g.*, that on such and such a date he practiced onanism for the last time, and that he is too much under the will of the physician to be able to lie,—his assertions deserve belief; the more, since he looks well and is free from all neurasthenic symptoms, and, in the society of men, not the slightest suspicion rests on him. An open, free, and manly bearing is developed.

Moreover, since, of his own will, he now and then indulges in

coitus with pleasure, and occasional pollutions are induced by lascivious dreams which concern women, there can be no doubt of the favorable change of his vita sexualis; and it is presumable that the hypnotic suggestions have developed into aûto-suggestive inclinations, which direct his feelings, thoughts, and will. Probably the patient will always remain a natura frigida; but he more often speaks of marriage, and of his intention to win a wife as soon as he has become acquainted with a sympathetic lady. Treatment ceased. In July, 1889, a letter from his father told of his good health and conduct.

May 24, 1890, accidental meeting on a journey. Patient had never again experienced male-love. Performed coitus occasionally with complete enjoyment. He now thought seriously of marriage. I hypnotized the patient, to test him, in the former manner, and asked for the commands I had formerly given him. In deep somnambulism, and in the same tone of voice as formerly, the patient repeated the suggestions given him in 1888,—an excellent example of the endurance and power of post-hypnotic suggestion.

Case 43. *Psychical Hermaphroditism; Improvement by Hypnotic Treatment.*[1]—K., aged 23; Russian, of prominent family. Well endowed mentally; scrofulous when a child. Father a *roué*. Father's brother is said to have been contrary sexually. At the age of 7, love of coachmen and servants wearing moustaches. Close contact with such persons gave him a feeling of delight. In the cadet corps, taught mutual onanism and coitus inter femora viri. At 17, first coitus with a prostitute. He performed the act normally, but without enjoyment. Frequent coitus; gonorrhœa. Growing aversion to the female sex. Then coitus only when male intercourse became impossible. Especial partiality for well-formed men without beards. Coitus buccalis; active and passive pederasty. Shame caused an attempt to reform by means of coitus with women. Moral strength was insufficient; women were repugnant to him. Never any dreams of women.

When the patient came for consultation, he had last had coitus three weeks previously, but without pleasure. He does not regard his case as hopeless. He gave up his commission as an officer because soldiers excited him so sexually.

No degenerative signs. Examination of semen showed abundant spermatozoa. Penis large, well-developed. Hair on genitals and beard abundant. No pleasure in drinking and smoking; otherwise of masculine tastes. Neuropathic eyes. Usually takes the male *rôle* in the sexual act with men; now and then the female.

Attempts at hypnosis induced lethargy and cataleptiform state of the muscles. Condition used to impart suggestions.

After the fourth sitting he says he is satisfied, and he wonders

[1] Psychopathia Sexualis.

that men no longer interest him. He wants to try his luck with women, but fears impotence. After the sixth sitting he voluntarily tries coitus cum muliere. Great libido; but in the act this and erection left him. After the ninth sitting the patient discontinued treatment on account of business at home. He feels satisfied in that he is indifferent toward men and capable of resistance. He thinks he is in no danger of relapse. At the time he felt as little interest in women as in men.

Case 44. *Psychical Hermaphroditism Cured by Hypnotic Suggestions.*[1]—Z., aged 29 years. Mother nervous; father and grandparents healthy. Only child; spoiled. At the age of 8 his sexual libido was intensely excited by a male servant, who showed him pornographic pictures and his penis. At 12, love of his tutor. When going to sleep his nude form appeared to him. He conceived himself in a feminine situation with reference to him, and reveled in the thought of marrying him some day. At 13 a young governess excited his fancy, and at 15 he fell in love with a young lady. No onanism. Sensually excitable, but only to attractive men.

At 20 the patient became neurasthenic (ex abstinentia?). He attempted coitus without success. On the occasion of a Turkish bath, intense libido at sight of a nude man. This person approached him and performed masturbation on him, which gave the patient intense pleasure.

Until he was 25, masturbation once a month by this man. During this time interest in a young peasant, who, however, would not yield to his desires. Separated from his lover, patient began auto-masturbation.

Increase of neurasthenia. Inability to work; shyness, dysthymic, and abulic. Unsuccessful treatment by hydro-therapy. Late in February, 1890, he went to Prof. von Krafft-Ebing. Decidedly masculine in appearance; neuropathic. Tall; large ears, lobules passing into the skin of the cheeks. Genitals normal. Cerebro-spinal neurasthenia of moderate degree. Tædium vitæ. Much depressed by his sexual abnormality. No interest in women except intellectual. Dreams were also about persons of the opposite sex. The most refined puella could not induce erection in him. Passive or mutual onanism with men; *faute de mieux*, auto-masturbation. Abstinence during last five months. No homosexual intercourse since August, 1889.

An attempt at hypnosis by Bernheim's method failed. Prolonged stroking of the brow produces deep lethargy with catalepsy. Somnambulism impossible. In the third sitting, suggestion that onanism and male-love are repulsive, and that woman is beautiful. Dreams of women suggested. Noticeable change in the mental attitude after the sixth sitting. Patient quieter, freer; dreams of women. Approaches women, but they do not attract him.

He went home March 19th. Returned for treatment May 17, 1890.

[1] Psychopathia Sexualis.

No masturbation in the interval. Two platonic dreams of women; cerebral asthenia increased. He apparently suffers from want of mental and sensual satisfaction of his vita sexualis. Depressed to tædium vitæ. Hydro-therapeutic, electrical, and antineurasthenic treatment. During ten weeks gradual disappearance of the troubles and change of his psychical condition. The initiative in hetero-sexual intercourse is left to the patient. He now takes journeys in the mountains and forest; his *boudoir* becomes a work-room. In the fourteenth week of treatment, successful coitus. The patient became a happy man in body and mind. He expressed the best hope for his future, and had thoughts of marriage. He experienced increasing pleasure in normal sexual congress; had lascivious dreams of women occasionally, but never of men.

Cessation of treatment late in September. He feels normal in hetero-sexual congress, free from neurasthenia, and thinks of matrimony. At the same time, he confesses that he still always has erection at the sight of a nude, handsome man; but he is able to resist his desires easily, and in his dream-life his relations are exclusively *avec la femme.*

As Prof. von Krafft-Ebing informed me by letter in October, 1891, in October, 1890, before leaving Vienna, the patient had coitus twice a week with pleasure, and without the assistance of the puella. As a report from the patient, April 8, 1891, stated, he had given up masturbation entirely, and made no approaches to men, even though he had not entirely lost all inclination to do so. This inclination showed itself only after coitus, but he dreamed only of women. Antineurasthenic treatment recommended for nervous symptoms that had again appeared of late.

Case 45. *Psychical Hermaphroditism Improved by Fourteen Hypnotic Sittings (von Krafft-Ebing).*—Male, aged 33 years; born out of wedlock. Father and mother were cousins. Father said to have had sexual disease, but not contrary sexually. Mother eccentric; made journeys in male attire; very decided character; smoked, and wore short hair; died unmarried. Appearance masculine. In childhood, hydrocephalus and slow mental development. Taught onanism by a room-mate at the age of 13 years. He practiced it passionately. Ideas of men while masturbating and in dreams. Inclination to pederasty. At 19 years of age coitus six times with women; erection and ejaculation prompt, but without special feeling of pleasure. Love of a remarkably beautiful lady at a watering-place made the patient happy and kept him from onanism temporarily. After two years, complete cooling of his feeling for women. Attempts at coitus do not induce ejaculation. A former school-mate attempted immissio penis in anum with the patient, which gave him an unexpected feeling of pleasure. Then mutual onanism with an hussar, and receptio penis ejus in os of the patient. Later, pederasty with a sailor. Love of passive pederasty more and more developed. Lascivious interest caused him to peruse "Psychopathia Sexualis."

Unexpected deep impression. "The description of cultivating mujerados excited me intensely, so that I masturbated five times in the next two days, thinking of myself as a presumptive mujerado. The moral earnestness of the book brought me to a decision to seek help of its author." There was even some result from the reading of the book; for since then the patient had practiced auto-masturbation but twice, and mutual masturbation with cavalrymen but twice. Hansen tried in vain to hypnotize the patient.

In the spring of 1891 the patient visited Prof. von Krafft-Ebing. "He experiences moral disgust when he performs the act with a man, and yet the look of a handsome soldier actually electrifies him. For years he has had not the slightest sympathy for women, not even mentally." Patient's cranium exquisitely hydrocephalic and plagiocephalic.

Hypnosis difficult; only with the help of Braid's method and a few drops of chloroform in the third sitting was it possible to induce deep lethargy. After that, merely looking at a shining light was sufficient. The suggestions consisted of forbiddance of masturbation, removal of homo-sexual feelings, and the assurance that the patient would have inclination for women, and virility and pleasure only in hetero-sexual congress.

Masturbation was indulged in but once more. After the eighth sitting the patient dreamed of a woman. When, after the fourteenth sitting, the patient was forced to leave, he declared himself free from inclination to onanism and male-love, but the desire for men was by no means extinguished.

He felt returning interest in the female sex, and hoped, by continuing treatment, to be finally freed from his vicious peculiarity.

Contrary Sexual Instinct.

Case 46. *Reported by Charcot and Magnan.*[1] *Contrary Sexual Instinct. Successful Psychical Treatment in the Waking State.*—"My sexual feelings," the patient states, "were manifested from my sixteenth year in an extraordinary impulse to see boys of my own age and men in a state of nudity. It was not difficult for me to gratify this inclination, for my parents lived close to a garrison, and the soldiers took no trouble to conceal their genitals. One day—I was then 8 years old—I saw a soldier masturbate. I imitated him and experienced, besides the pleasure of imitating a soldier, the pleasant sensation of the friction. I again sought the same pleasure by exciting my fancy with the thought of naked men. My parents left N. and moved to B. There I saw the soldiers bathe naked in a small stream. I determined, in order to have the desired pleasure, to seat myself on a bench near the stream, pretending to sketch the landscape, while I could thus see the bathers without attracting attention.

[1] Archiv de Neurologie, No. 7, p. 54.

"At about 15 I attained puberty, and experienced much more satisfaction in onanism; indeed, I could induce erection and its results as well by my fancy as by friction. More than once I had erections, sexual excitement, and ejaculation merely on looking at a man's genitals. If my fancy became excited in sleep, the same phenomena occurred. At 20 I gave up onanism; but all my efforts were incapable of controlling the excitation of my imagination. Muscular, handsome men always excited me intensely; every beautiful statue of a nude man had the same effect on me. The Apollo Belvidere excited me intensely. When I met a man who excited me by his beauty and youth, I was impelled to show him every attention, and if I did not forcibly control my feelings I could have done anything for him. I should have been delighted to invite him to my house, and to write to him only on perfumed paper. I could have sent him flowers and made him presents, and gladly robbed myself of many things to show him my favor. I have never done all this, but I should only too gladly have done it. I tried stoutly to control myself and overcome the impulse I felt. I was finally successful in banishing the inclinations mentioned, though I was never able to repress the love I felt. Fortunately for me, my love was fickle.

"Occupation and study have done much to overpower my sensual thoughts. Still sensuality often triumphs; then I am forced to stop work because a naked form rises in my fancy. I have always fought against this sensuality as much as I could, and often restrained myself from acts to which I have been impelled, but at no time have I been able to extinguish my sensuality entirely. The greatest satisfaction of this feeling was experienced when I saw a naked man, especially his penis. At the same time, I have never felt any desire to approach a man or to allow one to use me. The sight of the genitals of a strong young man has always given me the greatest lustful enjoyment.

"Women, on the contrary, no matter how beautiful, have never excited the slightest desire in me. I tried to love a girl, thinking thus to direct my thoughts to a natural channel, but, though she was very beautiful and reciprocated, I remained entirely indifferent; and of erections, which occurred so easily at the sight of a man, there was never a trace. No woman has ever excited the slightest sexual feeling in me. I admire their toilettes and like to see a beautifully-dressed woman; for I think that if I were a woman I would dress so. At the age of 17, at a carnival, I wore female garments, and had a feeling of indescribable pleasure when I felt my skirts slipping along the floor behind me; also when I dressed my false hair and put on my *décolleté* dress. Until my twenty-second year it gave me much delight to dress dolls, and this even still affords me pleasure. Ladies are often astonished to hear my excellent judgment of appropriate and inappropriate toilettes, as well as concerning other things which belong entirely to woman's sphere. The love I may feel

for any one woman soon passes; for the next one more beautiful erases the memory of the preceding. In the last few months pollutions at night have not been so frequent as formerly. I have had none in the last three weeks, but I still have my customary dreams and my longing to see nude men."

Charcot and Magnan advised the patient when excited to substitute a woman for a man in his fancy. He tried strenuously to do this, but for the most part in vain. After a struggle of several months' duration he finally had a little success, and went so far as to be able to have sexual congress with a woman, which gave him pleasant sensations. The psychical effect was excellent, and in a few days he was free from his former feelings. When, however, he was compelled to leave Paris for a time, and was thus forced to combat his old impulse with his own reason alone, the old inclinations began again to predominate.

In this case, besides psychical treatment, hydro-therapy (cold showers and douches) and bromides were used; which lessened the intensity and duration of the attacks, but did not influence their frequency.

The foregoing case seemed to me worthy of report for various reasons. It shows, first, how the eight-year-old boy's attention was excited by external influence to male genitals and onanism. In imitating the act, the person seen was present in the boy's mind. The pathological association was thus formed; it became associated with lustful feeling and intensified by frequency of repetition. And thus the impressionability of the patient's imagination, exercised one-sidedly, for hetero-sexual stimuli, disappeared. The reflex effect on his character was not wanting; he wore female attire at the carnival, played with dolls, etc.

The pathological product of cultivation, probably made possible by an hereditary neuropathic disposition, should then be combated by methodical self-discipline and substitution of ideas of women in contrary sexual excitement. This succeeds to a certain extent; the right road to recovery is thus undoubtedly found; but hypnotic treatment would have lightened the patient's task. The time of treatment, as far as can be judged

from the report, stands in no relation to the time required in the development of the malady. In the foregoing case, in my opinion, there was possibility of a complete cure. The fact that the circumstances of the patient did not allow systematic pursuit of the treatment does not negative this.

Case 47. *Reported by Dr. Wetterstrand*,[1] *Stockholm. Contrary Sexual Instinct Cured in Seventeen Hypnotic Sittings.*—X. X., merchant, aged 32. On the occasion of his visit, August 30, 1889, the patient told me that he had been given to onanism since his thirteenth year, and that he began to have intercourse with his own sex in his twenty-fifth year. He had performed coitus, which caused him disgust and repugnance, but a few times, and not at all for many years. He had a strongly-developed sexual instinct, and found his greatest delight in the embrace of men. Only when he had no opportunity for this did he avail himself of onanism. His greatest desire is for men, and he can spend days seeking them.

To satisfy this lust he visits water-closets, where the sight of male genitals gives him pleasure. It seems to him that he has a feminine nature, and not a man's feeling. He is of powerful masculine appearance; genital hair and beard not much developed. His voice is masculine, but his character is somewhat feminine. As far as he knows, none of his relatives suffer with a similar malady. He weeps, wrings his hands, and is in despair at his unhappy fate.

He had previously tried hypnotic treatment; but, perceiving no improvement after thirty sittings, he gave it up. Strange to say, I was successful in producing deep sleep on the first trial, with complete amnesia on waking. After seventeen sittings, late in September, he was fully recovered. I have often seen him since, and have never met a more grateful man. He calls me his saviour, and now hates what formerly gave him his greatest enjoyment.

Case 48. *Reported by Dr. Wetterstrand. Cultivated Contrary Sexual Instinct Cured in Three Weeks by Suggestive Treatment.*—X. X., aged 34; official. "My parents died when I was still a child. I then lived in a family the head of which was dissipated and never at home. He had no interest in his own children or in me. As soon as I began school I was left to the care of an old lady, whose habit it was to go about gossiping from house to house. Thus, I had no father. A tutor who shared my room at night disturbed my rest by teaching me unnatural sexual practices. Without understanding the great danger of his conduct, and without suspecting the immorality of his acts, I offered no resistance. At the same time, I lost all pleasure in work and study; I became shy of my companions; associated with women, and took part in

[1] Der Hypnotismus und seine Anwendung in der prakt. Med., Wein, 1891, p. 52.

their work, etc. At the age of 20 I formed a close friendship with a young man some years my junior (I had no idea of anything else), and association with him gave me great pleasure. I shared everything with him, but there was nothing immoral in our relation; strange to say, I took great pleasure in flattery. Parting with my friend was very hard for me. Since then I have never felt so lively an interest in any one; still, I love to see finely-formed men, and should prefer to see them naked. One day, a woman may excite me to lustful feeling; the next, I may have the same sensations with a man. Dreams of both males and females have caused me to have pollutions. In the second coitus I acquired gonorrhœa, I believe, because I was not able to complete the act. Besides, I fancy that I suffer with impotence and cannot complete coitus, because sexually I am not constituted like others."

Patient has a stately figure, is masculine in his whole appearance, and physically well formed. In a week he was transformed by treatment. Coitus was successful. I can definitely assert that when he left he was entirely cured, and that after treatment for three weeks,—from February 1 to 23, 1891. He is about to marry, as his letter of July, 1891, informs me.

Case 49. *Reported by Dr. Wetterstrand. Contrary Sexual Instinct Cured by Suggestive Treatment in Two Months.*—X. X., aged 20. "Since my earliest childhood I have been inclined to everything feminine. When a small child I played with dolls, and I preferred to associate with girls, while I avoided boys' games. As I grew older, at 14 or 15, I began to love certain men; my weakness was especially strong, handsome men.* I have loved many such. Three times I was violently in love, the last time three years ago. In order to avoid betraying myself, I was forced to avoid the last object of my affections. I have always been inclined by nature to be retiring. At that time I became melancholic and came near suicide, for I feared insanity. My sleep is disturbed by dreams. I practiced onanism passionately, thinking of the male object of my love during the act. This has been my habit as long as I can remember. I often sought to escape from this dangerous habit, but in vain. I always relapsed. Filled with despair, I wept and prayed, and for two months I have not masturbated. I have never had congress with women. I was a poor, eldest child, improperly reared, and the evil in whose grasp I am was allowed to develop unhindered. I am poor and live in America. I suffered terrible misery. At the present time I am in Sweden, to bid my old mother farewell. Thus I heard of you. My hope was awakened; perhaps I can become a new man."

To these biographical notes by the patient Wetterstrand adds the following:—

On his second visit, January 4, 1891, the patient gave me the fore-

going statement. The physical examination was negative. The body is well formed; nothing feminine to be noticed; genitals well developed. Another physician had made some attempts to hypnotize him. Thus the difficulty of affecting him was increased. Still, I succeeded in inducing deep sleep with amnesia. I asked the patient for a report by letter, and he sent me the following in the early part of February: "During the first two weeks I could notice no change, but gradually my feelings were altered. . . . I would ask myself, 'Is not your body like that of other men? Certainly; all else depends upon your imagination which rules you.' At such times, it seems the most natural thing in the world that I am a man; I am delighted, but I am not capable of feeling love for women. I am satisfied, courageous, and full of hope. The soft, feminine heart is gone; I now abhor men; I see in them my own image, and I can no longer love them as I once did." The patient left in the latter part of February, entirely recovered. Since then I have heard no more of him. This case is interesting, because the patient was still so young, and because the treatment was begun so early.

Case 50. *Reported by Professor Bernheim. Inversion of the Sexual Instinct. Impotence of Seven Years' Duration in Marital Relations. Cured by Suggestion in Twenty Days.*—Mr. von X., from Hungary, aged 36 years, consulted me May 24, 1889, on account of impotence caused by contrary sexual instinct. The sexual inversion has existed since early youth, and was developed by vicious practices at school. Before his marriage, however, he was still able to have normal sexual congress quite often. He married his present wife for love at the age of 29 years, but for seven years he has not been able to perform the sexual act with her. It was impossible for him to have erection in her presence, or even in the presence of other women. On the other hand, he manifested a marked inclination for men, which showed itself by erections. He found satisfaction in embraces merely. He performed the unnatural sexual act but twice. Until his eighteenth year he had been a moderate onanist, but then gave up the vice.[1]

The patient appears intelligent; lymphatic; nervous. Has been healthy until now. A well-bred, moral man, he suffers unspeakably owing to his condition. His efforts, persevered in for years, to overcome his unhappy anomaly have been vain. There is a constant burden on him. All methods of treatment to which he has had resort—everything he has done to overcome it—have been without result.

From May 24th I hypnotized him daily. On the first day he easily fell asleep. Catalepsy; automatic turning; memory after waking. In the third sitting he fell into deep sleep, with amnesia. I suggested to him the occurrence of erections in the presence of his wife and the complete disappearance of the sexual inversion. These suggestions were

[1] Bernheim: Hypnotisme, Suggestion, etc. Paris, 1891, Obs. 38.

daily repeated energetically. After a few days I gave him the definite assurance that, on the night of June 3d, spontaneously an erection would occur, as well as a lively desire for indulgence; and, in fact, on the night of the 3d he had an erection, but it did not last long enough to make coitus possible. Repetition of the suggestion during the following days. A new trial is set for June 8th. Erection occurred and lasted longer, but not long enough. At the same time the patient becomes convinced that he will attain his object. Trial set for June 13th.

On this occasion he actually attained his desire. He said he performed the act of marital intercourse easily and satisfactorily, but still not in obedience to an irresistible impulse. The inclination for men diminishes, but does not disappear entirely.

Patient is happy at his success. On June 16th, for which date repetition of the trial is set by suggestion, he did not yield to the command, because he thought of himself as a satiated man without inclination to either sex. I suggested a trial for the coming night.

On June 17th he told me of his success in the preceding night. He awoke with erection, without any suspicion of the suggestion that had been given him, and felt a strong desire for his wife. At present he is indifferent toward men; however, he is not sure that he would be able to withstand temptation.

I now suggest to him gradual increase of his sexual inclination for his wife, and order the next performance of his conjugal duty for the night of June 19th to 20th. Remarkably favorable success of the suggestion. His preference for unnatural indulgence he says is entirely gone.

He remained eight days longer in Nancy, and during this time had congress with his wife twice, with increasing desire. He experienced a complete inner transformation, and could no longer understand his previous taste in sexual matters. I later learned that the cure, both physical and mental, had continued permanent.

Case 51. *Reported by Professor Bernheim. Contrary Sexual Instinct Improved by One Month of Hypnotic Treatment.*—A young foreigner, aged 23, of good family, consulted me four years ago on account of his passion for smoking, of which he wished to be freed. I put him to sleep (catalepsy; automatic movements; memory after waking). After only nine sittings he regarded himself cured. At any rate, he no longer had any thought to smoke. Then he confessed to me that he had another anomaly, which he had previously been too shy to confess,—namely, an inversion of the sexual instinct. For several years he had indulged in contrary sexual intercourse, following his natural bent. He had never had any feeling for women, though he liked to associate with ladies. On the other hand, his contrary sexual inclinations began spontaneously, without anything of the kind having been suggested to him

in school or elsewhere. According to his statement, he had always fought against this impulse, which, as a man of honor and good education, he was forced to regard as evil.

The patient is intelligent, not eccentric, and without nervous symptoms or hereditary antecedents of any kind. For a month he was treated daily by suggestion. I sought to give him in hypnosis natural feeling for women and disgust for male-love. After three weeks of treatment he had sexual congress with a woman, without special inclination, but still without aversion, which, up to that time, had been impossible for him. He then declared himself indifferent toward the male sex, though having no aversion for men. Whether the cure was permanent or not I do not know.

Case 52. *Reported by Professor Bernheim. Imperative Ideas of Contrary Sexual Content Treated by Suggestion without Result.*—A professor, aged about 34, foreigner, consulted me three years ago on account of imperative ideas of a sexual nature. According to his statement, when teaching boys, as soon as he noticed their limbs and bodies, he was seized by obscene ideas of an homo-sexual nature. He could not explain this inclination, and sought in vain to free himself from such ideas. With irresistible persistence this always recurred. It required all his strength to resist the impulse to realize such desires.

The patient had a good constitution; was not nervous or tainted hereditarily, and had had no disease previously. His honor could not be doubted; his morality was irreproachable. He was not subject to states of sexual excitement except at sight of boys. His sense of right and morals was pained by these struggles. He could stay in Nancy but a week. I hypnotized him eight times (second degree), but without any therapeutic result.

Case 53. *Reported by Dr. Franz Müller.*[1] *Homo-sexual Ideas Overcome in One Hypnotic Sitting.*—A finely-educated man, physically healthy, suffered with sexual perversion. His thoughts were of how he could bring about a union with a person of his own sex. He had not yet attained his desire; but the continual struggle against these ideas, which in his heart he detested, had made him nervous and injured his health. He was depressed, retiring, and taken with thoughts of suicide. By long treatment with warm, moist packs, followed by cold friction and sitz-baths, the nervous symptoms were fairly overcome. The advice to attempt coitus was not followed, because of lack of determination. While the patient lay in the pack and was inclined to sleep, suggestive induction of sleep by Dr. Müller, after fixation had proved unsuccessful. Suggestion: "After your return home, you will seek to satisfy your sexual desires in the natural way. You will surely succeed."

Awakened by verbal suggestion. After waking, the patient says

[1] Comp. Müller, Hydrotherapie, Leipzig, 1890, p. 309.

he has been asleep, and he knows nothing of the suggestion. Complete amnesia on succeeding days. Two days after the patient left, a telegram announced that the attempt had been successful. Since then regular sexual intercourse has been indulged in, and the former imperative ideas have diminished in intensity, though they exceptionally manifest themselves.

All the physician's advice while the patient was in the institution had no influence on him. With the best will, he could not bring himself to follow the advice. What the most careful psychical treatment in the waking state could not accomplish by daily repetition was attained by a single suggestion in the state of somnambulism. The foregoing case controverts the view of those writers (Benedict, for example) who assert that the same results can be obtained by treating the patient in the waking state as by hypnotic suggestion.

Case 54. *Reported by Prof. von Krafft-Ebing. Contrary Sexual Instinct Treated without Success in One Hypnotic Sitting.*—Male, aged 34, merchant. Full beard; mincing, feminine gait. He neither smokes nor drinks. Moody, nervous, devoid of moral feeling; disinclination for masculine pursuits. At 12, excited by tight-fitting uniforms. Follows men of muscular build for hours. Onanism accompanied by thoughts of heroic men. Knowledge of his condition at 17. He then had congress with women eight or ten times, but erection occurred only at thought of men. Later this was no longer successful. Very sensual nature. Unusually cynical and inventive in imagining situations of which homosexual intercourse is the subject. Ejaculation has been induced as many as five or six times in a night by this means. Soldiers are preferred. Patient feels entirely like a woman.

Parents healthy; one brother an urning. An attempt to hypnotize the much-excited patient induces but slight somnolence.

Case 55. *Reported by Prof. von Krafft-Ebing. Contrary Sexual Instinct Acquired through Masturbation. Much Improved in Eight Hypnotic Sittings.*—X., aged 29; merchant. Father irritable; mother had a rough, masculine voice, and died in childbed. Brother of patient irritable, melancholic, and neutral toward women.

The first trace of sexual feeling occurred in his tenth to eleventh year. He learned onanism from other boys, and practiced mutual masturbation. First emission at the age of 13 or 14; after his twentieth year, pollutions, in spite of daily onanism. With the pollutions, dreams of sexual congress.

Seduced into mutual onanism in his seventeenth year. Satisfaction in it, but without love; passive *rôle*. After that he thought of the hand of a man in auto-masturbation. Previously, erections at sight of an attractive woman. Coitus avoided for fear of infection. Later, his dreams contained only male forms.

Patient is a gymnast; smokes, drinks beer, skates. Since June, 1889, neuralgia of the testicles, mainly at night. Fear of onanism. Hope of restoration sexually. No masturbation for five days. Disinclination to work; depression. Body well nourished; without sign of disease. Von Krafft-Ebing quieted him, and enjoined him to turn his sexual feeling from men to women. Prescription of half-baths (24° to 30° R.). Ext. ergot. aquos., 0.5; antipyrin, 1.0, daily; pot. bromidi, 4.0, at night.

December 13th. The patient cannot resist his impulse to masturbate. Attempt at hypnosis induces deep lethargy. Suggestions: 1. I cannot and must not masturbate. 2. I abhor love of my own sex, and shall think no man handsome. 3. I will and shall become healthy, love a virtuous woman, be happy, and make her happy.

Somnambulism in the fourth sitting. In the eighth sitting, full virility is added as a suggestion. The patient feels morally elevated and physically strengthened. Neuralgia of the testicles gone. Absence of sexual feeling. He now thinks himself free from masturbation and contrary sexual feeling. He feels healthy and potent. Discharged in January, 1890.

In March, 1890, the patient wrote that on several occasions it had been necessary for him to exert all his moral strength to overcome his habit, but he had succeeded in keeping free from it. He had performed coitus a few times with moderate pleasure. He looked confidently on his future.

Case 56. *Reported by Prof. von Krafft-Ebing. Acquired Contrary Sexual Instinct Cured by Suggestion. Two Relapses Overcome by Suggestion.*—Z., aged 32; divorced. Mother hysteropathic; maternal grandmother hysterical, and her brothers and sisters were subject to nervous troubles. Patient's brother nervous. Z. poorly endowed; at 13 taught onanism by a schoolmate. Sexual hyperæsthesia. Coitus at 17 with pleasure and power. Married at 26 for reasons of standing and fortune. Unhappy marriage. Wife incapable of congress, after a few years, owing to uterine disease. Z. indulged himself with other women; *faute de mieux*, with masturbation. Dissolute life. He drank and gambled. Severe neurasthenia. Cerebral asthenic symptoms—spasms of laughing and crying; globus. Libido nimia undiminished. Disgust for prostitutes; fear of infection. Exceptionally, indulgence in coitus; usually, in onanism.

During the last four years increasing weakness of erection; decreasing libido for women. Dreams of men and other contrary sexual inclinations. Three years ago masturbation by a bath-attendant on the occasion of massage. From that time absolute indifference for women. He now slept with men. Mutual masturbation. Pederasty abhorred. Warned by an anonymous letter. Remorse; thoughts of suicide; intense shame.

First thought: Sexual rehabilitation in his own eyes. Coitus in a brothel, which, in spite of great difficulties, was finally successful. The unchanged contrary sexual feelings sent the patient to Prof. von Krafft-Ebing. Comforting assurances. Prospect of help quieted him. No signs of degeneration (slightly-retreating brow); spinal irritation; increased deep reflexes; pressure in head. Disturbed facial expression; relaxed attitude. Unrestrained state of mind. Half-baths; rubbings; ergot with antipyrin; bromides; abandonment of onanism and male intercourse and lascivious thoughts of men.

Since the patient's will proved too weak for this, hypnotic treatment was begun September 11, 1889. Suggestions: Coitus once a week with full power; disinclination for men; inclination for women; abandonment of onanism. Patient repeats the suggestions. Sitting every second day. From September 15th somnambulism with possibility of any post-hypnotic phenomena desired. Gradual improvement.

September 24th. Patient is free from onanism and no longer excitable to men, but to women. Normal coitus. Hysterical symptoms gone; neurasthenic symptoms lessened.

October 6th. The patient wrote of his good health.

December 9th. Treatment resumed. Lascivious dreams of men twice, but no inclination toward men while awake. He had resisted the inclination to onanism, though living in the country and having no opportunity for sexual congress. Dreams of hetero-sexual content. Cured by three sittings.

Second relapse in September, 1890. Antineurasthenic treatment and hypnosis again restore the patient. As stated by the author, October, 26, 1891, the cure remained permanent. The patient never masturbated again, and, according to a communication of October 19, 1891, he but seldom has homo-sexual thoughts while awake, though sometimes in dreams.

Case 57. *Reported by Prof. v. Krafft-Ebing. Congenital Contrary Sexual Instinct. Successful Removal of Homo-sexual Feelings by Hypnotic Suggestion.*—L., Ph.D., consulted me in February, 1888, for perverse tendency of his vita sexualis, and wished to be freed from it by means of hypnosis. Mother healthy. Patient resembles his father physically. Brother very passionate sexually, abnormal mentally, and given to drink. Father neuropathic and eccentric; likewise given to drink. Paternal grandmother was a notorious drinker.

Patient from childhood nervous, excitable. Talent for languages, art, poetry, and music. Excellent education. At the age of 13 his father warned him against handling his genitals. The sight of syphilitic pictures in an anatomical museum excited his horror, and, in L.'s opinion, was the cause of his later fear of intercourse with women. The principal cause of the perversion of his vita sexualis the patient seeks in a naturally

defective disposition. Even when a small boy he says he had enthusiastic partiality for his companions. He also remembers that at that time his interest was in feminine games only, and that he preferred to be in the company of girls. He did knitting and embroidery passionately when a boy. Still ignorant sexually, at 14 he fell into the hands of a pederast, and he fled as soon as he discovered what the man intended to do with him. When he was 15 a certain sympathetic school-mate was accustomed to lay his head in the patient's lap. He experienced a strange lustful pleasure in this which he could not understand. At 16, the first erection at sight of men.

At 20 the patient recognized his condition. His love was directed to youthful men of the higher classes of society. Hetero-sexual charms neither excited L., nor did they give him any satisfaction. Only when 15 had he had a few dreams, with lustful feeling, about a girl of voluptuous figure sitting opposite him on a sofa. At the theatre he admired only the art of actresses; his interest was excited by the actors. No inclination to drink, smoke, or hunt; nor for athletics or other manly pursuits. Released from military service by reason of general physical weakness.

Patient has small sexual appetite. Some years ago, when a man sought to embrace him lovingly, there was erection and lustful excitement, but he controlled himself and repelled the lover. No onanism. A condition of irritable weakness showed itself, some years previously, in ejaculations whenever an attractive man embraced the patient. Attempt at coitus in a brothel a complete failure. Other attempts with the assistance of imagining men were likewise unsuccessful. Patient saw that he could not attain his ideal,—marriage,—and was very unhappy at his painful state. Masculine appearance; abundant beard; slight neurasthenic symptoms; nothing else worthy of note.

The patient is shown the deep constitutional significance of his sexual anomaly. He wishes to have his sexual excitability to men, at least, lessened by hypnotic treatment.

Hypnotized by Bernheim's method. The patient passes into deep lethargy. In a drawling tone, he repeats the suggestion: "I feel that, from this time forth, I am sexually indifferent to men; that men are sexually as indifferent to me as women." Post-hypnotic suggestion succeeds, though consciousness is partly retained. Return of energy and will after five days. Unmistakable change in the patient's manner.

Hypnotized on the following seven days. But hypnosis is not so deep as at the first sitting. Suggestions of the same nature are given and accepted. Suggestion to awake necessary. After eight sittings the patient regards himself again in full possession of his self-confidence.

L. thinks he can dispense with hypnotic treatment, and gratefully takes his leave, with the promise to return as soon as the power of the

hypnotic suggestion diminishes. Nothing more has been heard from the patient.

Case 58. *Reported by Prof. von Krafft-Ebing. Effemination. Single Hypnosis without Effect.*—Y., aged 30; official. Parents healthy. When a child he wore girls' clothes, loved doll-play, etc. At 12, masturbation in imitation of a companion. When a youth he coquetted with men. Horror feminæ. Attempts at coitus devoid of erection, even with the help of the puella. Early abandonment of efforts to have hetero-sexual intercourse. Patient is dead in love with a man who ignores him and courts women. Thoughts of suicide. He abhors male-love. Beside himself with lust at the sight of a virile member.

In dreams he saw only male forms. Satisfaction only in masturbation. The patient thinks himself a man with a woman's brain. Great delight in wearing female garments. Ashamed to undress before a man. Abundant beard. Features approach the feminine type. Manner masculine. Neither smokes nor drinks. Pelvis broad, feminine; abundant adipose. Right testicle atrophic (orchitis after typhus). Genitals well formed.

Fear of hypnotic treatment, but still wishes to be transformed sexually. Indifference to men would suffice him. Attempt at hypnosis an absolute failure.

Case 59. *Reported by Dr. Ladame (Geneva). Successful Treatment of Sexual Inversion by Means of Hypnotic Suggestion.*—X., aged 33 years; single; tall; small mental endowment; from tainted family. Father died of mental disease at 34 years of age, due to onanism and spermatorrhœa. The patient's father and brother both had disturbance of the sexual functions. Mental disease on the maternal side. Other members of the family were known for their irritable, eccentric character.

The patient has a small head, retreating brow, abnormal ears, slight growth of beard; hernia, probably congenital. Great impressionability; neuropathic constitution; occasional tædium vitæ. For several years strange, imperative ideas of being a locomotive, a horse, a bicycle, with impulse to act accordingly. Since earliest youth, at least, congenital contrary sexual instinct. Horror feminæ; sexual inclination toward boys. Gratification in lustful handling; *faute de mieux*, masturbation; occasionally, also, active and passive pederasty. One day he had an affair with a boy dressed in gray that made a deep impression on him. After that he reveled in the fancy of a loved boy dressed in gray while masturbating; and he could not see gray garments without having powerful erections. In attempts at coitus inexcitable and impotent, in spite of the help of thinking of a boy dressed in gray.

March 27, 1889, first attempt at hypnosis. Slight success. The patient resists, and says his fancies keep him from going to sleep. In a

series of further sittings he declares he feels an unfavorable influence; that he is more troubled with imperative ideas and impulse to masturbate. He makes fun of the physician and hypnotism and makes energetic resistance, stating that hypnosis is of no use and only makes people crazy. Nevertheless, somnambulism is gradually induced. After twenty-five sittings the patient confesses that he is better; that he has fewer imperative ideas, and is less troubled with onanism.

Continuance of the sittings every week or two. The patient feels well physically and morally and ceases to masturbate, but at the cessation of treatment is still indifferent to the opposite sex.

Algolagny.

Case 60. *Reported by Dr. Moll, Berlin. Sadism; Improved by Hypnotic Treatment Continued Ten Weeks.*—L. T., aged 25; merchant; hereditary taint. Quiet, retiring. Sexual desire began at the age of 7. Indulgence in masturbation, during which the patient fancied he was beating a woman on the nates with a rod until ridges were raised, in order that she might feel his power over her. Neither libido nor erection on the first attempt at coitus; the second likewise a failure. He forced the woman to allow him to beat her. While he was striking her the woman cried out with pain, when erection, orgasm, and ejaculation occurred. While beating the woman he took her between his knees so that his membrum virile touched her body, but without immissio penis in vaginam. He continued to perform active flagellation. Passive flagellation also induced ejaculation, he thought, without erection. The thought of beating men in dreams also induced pollution. In the first situation this idea caused him little excitement.

Dr. Moll treated the patient three months and a half. He advised him never to give himself voluntarily to such ideas, but to divert his thoughts and think of nude women. Treatment for two months and a half with hypnotic suggestion caused the perverse ideas to occur less frequently, and erection occurred often at the thought of nude women, leading to onanism with accompanying thought of coitus. Four attempts at coitus. Dr. Moll advised increasing sexual excitement with tincture of cantharides. At the first attempt prolonged manipulation by the woman was necessary to induce erection; then followed the performance of the act without thought of flagellation. Second attempt still more successful. On the third trial coitus was successful only after thought of flagellation, but there were no blows. On the fourth attempt the act was successful without manipulation or thought of flagellation. The performance of coitus in a way nearly normal does not signify a cure, and gives no guarantee for the future; for the thought of flagellation still has a great charm for the patient, though it occurs less frequently than formerly. Still, it is possible that the abnormal impulse, which is

essentially weakened, will remain so in the future, and perhaps disappear.

Case 61. *Reported by Prof. von Krafft-Ebing. Masochism; Improved by Suggestion.*—X., aged 30. Father died by suicide. Mother suffered with periodical mental disturbance. At 14, abnormal sexual inclinations. Punishment at the hands of boys of his own age induced lustful feelings, especially blows on the nates. The same ideas accompanied daily onanism, which was practiced till his eighteenth year. Young, handsome men, aged from 20 to 22, wearing close-fitting trousers, young officers and hussars, for the most part, played the *rôles* in his thoughts of flagellation. Sexual dreams of similar content and pollutions. Women were always a matter of indifference to him, though he felt no disgust at female nudity. Two attempts at coitus were attended only with traces of erection. In spite of his want of success, he was not repelled by the act of lying near a puella. The patient is a skillful dancer. Unhappy about his false existence. Thoughts of suicide. Great love of family life. His only hope lies in cure by hypnosis. At his first meeting with Prof. von Krafft-Ebing the patient adds the following notes. He remembers distinctly that when he once saw a schoolmate beaten by the teacher it caused him lustful pleasure. Thus his masochism was entirely a primary phenomenon, and onanism with thoughts of flagellation was indulged in at first *faute de mieux*. When he grew up he had not been able to bring himself to have his masochistic inclinations realized. The thought of being beaten by a puella remained devoid of sexual coloring. Sadistic thoughts. He became enthusiastic about the position of teachers. Wished to become one that he might whip boys.

Increased knee-jerks; slight neurasthenic symptoms; genitals perfectly normal. Principal features of treatment: 1. Removal of neurasthenic troubles. 2. Suggestive treatment: (*a*) avoidance of onanism; (*b*) indifference for his own sex, and disappearance of ideas of flagellation from thought and dreams; (*c*) libido exclusively for the opposite sex, the occurrence of erection at the sight of beautiful female forms, full power with women, and dreams of women exclusively. By Bernheim's method, deep lethargy in the first sitting. In the second sitting, cataleptiform state of the muscles. Sittings daily. Stroking the brow deepens hypnosis. In the third sitting, first therapeutic suggestions, of the nature mentioned. After five days the patient declares he no longer has any interest in men, but in women. He begins to dream of women.

Three days later, during the day, the patient feels entirely free from masochism, and without interest in whips. Still weak flagellation-dreams of men at night, but without sexual coloring or pollutions. A short time ago he had a dream, devoid of sexual feeling, to the effect that he was whipping himself. Six days later, attempt at coitus with an

attractive puella. No ejaculation. He gave up the effort. Unhappy about his failure. Still, he hopes for ultimate success, for he feels himself free from abnormal thoughts and like another man. Owing to duties, he was forced to discontinue treatment.

Contrary Sexual Instinct.

Case 62. *Personal Observation. (Congenital?) Contrary Sexual Instinct in an Hereditarily-Tainted Neuropath. Relative Cure in Forty-five Hypnotic Sittings. Period of Observation, Two Years and Seven Months.*—"My abnormality consists, in brief, of this: in sexual matters I feel completely like a woman. Since my earliest youth, in my sensual acts and fancies, I have had only images of males and male sexual organs before my eyes. Until I went to the university I found nothing remarkable in this (I had never spoken to others of my fancies; at the gymnasium I lived rather alone and retired). At the university it struck me that the females did not excite me in the least. Since then, in brothels, I have often made an attempt to have coitus or even an erection with women, but always in vain. Erection disappeared immediately I was in a room alone with a woman. At first I regarded this as impotence, though, at the same time, I was so excited sexually that I had to masturbate several times to enable myself to sleep.

"My feelings toward the male sex developed very differently, and each year they have grown stronger and stronger. At first they expressed themselves in a feeling of enthusiastic friendship for certain persons, under whose windows I would wait hours at night, whom I would try in all possible ways to meet upon the street, and with whom I sought to come in contact again and again. I wrote such persons passionate letters, in which, however, I was shy of expressing my feelings clearly. Later, during my years from 20 to 30, I became conscious of the sensual nature of my inclinations, principally through the lustful feeling I experienced whenever I came in actual contact with any of these friends. These persons were all handsomely-formed men with dark hair and eyes. I have never felt myself excited by boys, and real pederasty is incomprehensible to me. About this time (twenty-second to twenty-third year) the circle of my loved friends became more and more extended. Now I can scarcely see a handsome man without the wish being excited in me to possess him. I love principally persons of the lower classes, whose powerful forms attract me,—soldiers, policemen, car-drivers, etc.,—namely, all who wear uniforms. If one of these return my look, I feel a kind of thrill through my whole body. Evenings I am especially excitable, and merely the powerful tread of a soldier may give me the most violent erections. For me it is a special kind of pleasure to follow such persons and look at them. As soon as I learn that they are married or that they court girls, my excitement usually ceases. Until a few months ago I

was able so far to control my inclinations that they were not directly noticeable. About this time, however, I saw a soldier, whom I followed, intending to obtain my desire, and I spoke to him. He would do anything for money. I was immediately seized with the most intense desire to embrace and kiss him, and the danger of discovery could not restrain me. He had scarcely touched my genitals when ejaculation occurred. With this meeting I had reached the long-desired goal of my life. I knew that my whole nature would find in it happiness and satisfaction, and I proposed from this time to try to find a person whom I could love and from whom I should never part. My acts gave me not the slightest qualms of conscience. Still, in quiet moments, I feel the great difference between my way of thinking and that of the world at large; and naturally, as a lawyer, I recognize the danger of the relation I desire; but, as long as my whole nature is not changed, I shall not be able to resist the temptations which assail me. Nevertheless, I am ready to subject myself to any cure to raise me from my abnormal state.

"That I feel like a woman I also recognize in the fact that all sensual feeling with a lady is forced and seems unnatural to me. I am also certain that my respect for a lady—I am much in female society, and enjoy it—would immediately be changed to repugnance were I to detect in her any sensual feeling for me. In my dreams and sensual fancies of men I always imagine myself in such positions that their faces are toward me. My delight would be most intense were a powerful, naked man to press me in his arms with a force I could not resist. I think of myself, in such situation, always as in a passive *rôle*, and I have to force myself to think myself in any other position. In this I am truly femininely shy. Great as my desire may be to approach this or that person, my effort not to allow this inclinaton to be noticed is as great. Moustache, abundant hair, even dirt are especially attractive to me. I need scarcely say that my condition with reference to society seems to me absolutely desperate, and had I not the hope of finding a person who will understand me I could scarcely endure life. I feel that sexual intercourse with a man is the only means with which to overcome my impulse to onanism. Though this vice is very injurious to me, I cannot abstain from it for any great length of time; for, as I have often demonstrated, when I thus abstain I am even more weakened by pollutions at night and erections by day, which last for hours at a time.

"I have till now but truly loved only two men. Both were officers, very bright, handsome, and slim; of dark complexion, and with dark eyes. I made the acquaintance of the first at the university. I was insanely in love with him, and suffered unspeakably from his indifference. I would spend half the night under his window, only to be near him. When he was ordered elsewhere I was in despair.

"Soon after, I made the acquaintance of another officer resembling the first, who likewise enchained me at first sight. I sought every opportunity to be with him, and spent the whole day on the streets and about places where I might hope to catch sight of him. I felt the blood mount to my face when I unexpectedly met him. If I saw him friendly with others I could scarcely contain myself for jealousy When I sat near him I was impelled to touch him; if I touched his knee or thigh my excitement could scarcely be concealed. But I never ventured to express my feelings for him; for, from his manner, I knew he would not have understood or shared them. I am 27 years old, of medium size, well grown, and am considered handsome. My chest is somewhat narrow, my hands and feet are small, and my voice weak. I think I have good mental capabilities, for I passed the State examination with distinction, speak several languages, and am a good painter. In my work I am considered industrious and conscientious. My acquaintances think me cold and peculiar. I do not smoke or take part in any sport, and I cannot sing or whistle. My gait is somewhat affected, as is my speech. I have much taste for elegance; I love ornament, sweets, and perfumes; and I prefer to move in the society of ladies."

The foregoing autobiography was published in the fifth edition of "Psychopathia Sexualis" as Case 83, and in the sixth edition as Case 118, in connection with a history furnished by me, following two articles which I published in the *Internationalen klinischen Rundschau*, No. 40, 1889, and No. 15, 1890. The following report is a continuance of these reports in a different form:—

R., aged 28, an official, called on me January 20, 1889. His sexual perversion seems to have been developed upon an hereditary neuropathic foundation. The paternal great-grandfather and his sister died insane. Grandmother died of apoplexy. A paternal uncle died insane; his daughter died of cerebral tuberculosis. Maternal grandfather insane; a maternal uncle committed suicide while insane. The patient's father is very nervous. A younger brother is neurasthenic and affected with anomalies of the vita sexualis; another brother is affected with contrary sexuality; a third is eccentric in conduct, and is said to have fixed ideas. One sister is subject to convulsive attacks, and another died of convulsions in childhood.

R. has never had coitus with a woman. The thought of sexual intercourse with a woman is unattractive to him. However, in order to become master of his abnormal feelings, by summoning all his will-power he has repeatedly made the attempt to perform the sexual act with a woman; but he never became excited sexually, and had no erection.

He continued impotent with women, and he esteemed the society of educated persons of the opposite sex only for their mental qualities.

Impulse and inclination toward men have been fully developed since the time of puberty. Merely the touch of persons of his own sex, in some cases, increased the patient's sexual excitement to the extent of inducing ejaculation. By masturbation and frequent intercourse with men of the lower classes, whom he followed at night on the streets, he sought to satisfy his libido. Hindered by social and criminal restrictions, powerless in the face of his feelings, the patient became torn with inner contention. Sexual desire and his better impulses came in conflict. Lascivious, exciting dreams, in which men played the principal *rôles*, increased the inner struggle. At times reason conquered; on such occasions R. found strength enough to leave the society of men as soon as his passion threatened to overcome him. As a rule, however, sexual desire was victorious. As a result R. felt exceedingly unhappy. Life became a burden. In this state of mental depression the patient sought my aid.

January 22, 1889, I first attempted to hypnotize R. by means of the method used at Nancy. R. became somnolent, and after a few days, by repetition of the procedure, I was successful in inducing hypotaxis. From that time suggestive catalepsy was induced, but for the most part consciousness was retained. Though the patient was able to recall the commands given him in sleep, still he was no longer able to resist the suggestions, and he followed the inner impulse that was stronger than his will. The results as regards appetite and mood were usually striking. In the later sittings I avoided questions which would awaken his memory after he awoke. This circumstance and the gradual deepening of the sleep, as well as the assurance that he would have no memory, later induced somnambulism. His memory was either cloudy, defective, or entirely absent. Always after waking the patient felt well, possibly as a result of the preventive suggestion of well-being which was never omitted. He declared, indeed, that his activity and his ability to work had increased during the treatment. The suggestions were realized almost without exception with great precision, no matter whether given in a state of somnolence or somnambulism. Suggestive treatment was directed systematically against the sexual perversion. First, indifference and resistive power in regard to the male sex were suggested, with the assurance that the patient's interest in the female sex would continually increase. Strictest forbiddance of inclination to onanism. Females were substituted for males in dreams at night. Even after a few sittings the patient said he found pleasure in seeing female forms, which he had not known before. In the seventh sitting intercourse with a female was arranged and certain success suggested. On the same day, January 29, 1889, the patient performed successful coitus for the first time in his life. From this time R.'s sexual congress was regulated by suggestion, and

it was always performed, after definite intervals, with the same success. Fear of a relapse and his hereditary predisposition caused me to continue the suggestions, with various intervals, for some time. With the help of suggestion he had regained his mental equilibrium; at least, he felt himself no longer dependent on men. Nevertheless, he had struggles when the pauses between sittings were long. While R. continued under the educational influence of suggestion for three months, and he was mentally and physically in full possession of his sexual powers, on April 22, 1889, a relapse was caused by a friend, which the patient, in his open-heartedness, confessed to me. Energetic opposing ideas given in hypnosis awakened remorse and disgust. But to test his stability he performed coitus with a woman in the presence of his seducer, and immediately broke off his association with him. At this time R. confessed to me that in intercourse with women of inferior education his æsthetic feelings were not satisfied, and he thought to find this only in a happy marriage. I strengthened this thought, and after a few weeks I received notice that he was engaged to a young lady.

When he visited me, after marriage, R. assured me that the happiness he had in intercourse with his bride made him insensible to other impressions. He thought himself recovered, and up to the present time his mental equilibrium, induced by suggestion, which has endured six months (save for the relapse mentioned), seems to be retained.

To what extent psychical treatment has been successful, with the patient's hereditary predisposition, in repressing or limiting the tendency to abnormal sexual feelings, can only be judged after years. But that, by the systematic application of a new educating influence, a temporary complete inner change lasting six months was attained seems, with reference to the powerlessness of other methods of treatment in sexual anomalies, like a step in advance that should not be underestimated; and that the more since, in spite of the relatively large number of forty-five hypnotic sittings, there was not observed any injurious effect on a single occasion.

And, even should there be the misfortune of a relapse, still a repetition of the procedure—hypnotic suggestion—would remain the most effectual means of remedy.

Soon after the first report was printed, the patient wrote me as follows:—

"I think I can regard myself as cured; for, since the conclusion of your treatment, my condition has remained essentially unchanged. If

reminiscences of my previous condition often come up, they are but transitory and inner events. What seems to me the decisive point is that the nervous unrest, in which I was completely without resistive power, as if driven by an inexplicable impulse to gratify my former inclinations, seems, as I hope, to have gone forever. In constant intercourse with one uncommonly attractive, I now find rest and happiness, which were formerly impossible for me. Be assured that I shall never forget what you have done for me. Gratefully, R."

At Professor von Krafft-Ebing's request, in January, 1890, eight months after the cessation of hypnotic treatment, I asked for another detailed report, which follows:—

"Through the suggestive treatment given me by Baron Schrenck, for the first time I became possessed of the psychical condition that permitted me to have intercourse with a woman, which, up to that time, in spite of repeated efforts, I had been unable to do successfully.

"Since my æsthetic needs were unsatisfied by intercourse with prostitutes, I thought to find my real salvation in matrimony. An earlier friendly inclination toward a lady known in my youth offered me the opportunity, the more because I believed that she, of all others, would be in a position to awaken feelings for the opposite sex which were absolutely foreign to me. Her character—*i.e.*, our harmony—is in such accord with my inclinations that I am fully convinced that I shall also find complete psychical satisfaction. This conviction has not changed during the eight months of my engagement.

"I intend to be married in about eight weeks, and I shall take the liberty to give a report of the further results soon after my marriage.

"As far as my position with respect to my own sex is concerned, my power of resistance—and this is the lasting positive result of this treatment—is absolutely changed in degree. While previously it was impossible for me to overcome an intense sexual excitation when I saw a finely-formed car-driver, to-day, in the company of my former lovers, I am without sexual excitement. At the same time I must add that now, as formerly, their society has a certain attraction for me, though it is not to be compared with my earlier passion.

"On the other hand, I have refused repeated persuasions to indulge in sexual intercourse with men, without expending much force in resistance,—persuasion I should have been unable to resist. I may say, indeed, that it is a feeling of compassion for my former lovers, who have proved their devotion to me, which keeps me from directly repulsing them. My action seems to be due to a feeling of duty rather than to inner need.

"Since the conclusion of treatment I have not consorted with pros-

titutes. This circumstance and the numerous letters and persuasions from my former lover may well be the reason why, in the eight months that have elapsed, I have allowed him to persuade me to sexual intercourse on three or four occasions. At these times I have always been conscious of being completely master of myself, as compared with earlier passionate conditions in like situations, as the violent reproaches of my friend convinced me. I always feel a certain unconquerable repugnance, which cannot be based on moral grounds, but which, I believe, must be attributed to the treatment. I no longer feel a love for him in the former sense. Besides, since the treatment I have sought no opportunities for sexual intercourse with men, and I feel no need of it. But formerly not a day passed on which I did not do it, so that at times I was unable to think of anything else. Awake or dreaming, ideas of sexual content are very infrequent.

"I may express the belief that my marriage, which is to take place in a few weeks, and the much-desired change of circumstances connected with it, will entirely remove the residuum of my earlier condition. I conclude these lines with the honest assurance that, subjectively, I am another man, and that this change has restored the mental equilibrium that was previously wanting."

Still more important in judging the question is, it seems to me, the patient's letter giving a report of his wedding-journey. It is dated March 20, 1890, and is as follows:—

"Honored Sir: Having been home some days from my wedding-journey, I wish to send you a short report of my present condition. During the week before my marriage I was in great excitement, because I feared that I should be unable to perform certain duties. The impelling thoughts of my friend, who wished another meeting with me at any price, had no effect on me. We have not met since I saw you last (in about two months). However, I was much troubled with the thought that my marriage must be unhappy. Now, however, I have no anxiety. To be sure, on the first night success was difficult (to induce sexual excitement in myself); but on the following night, and since, the influences needed by a normal man would have been sufficient for me. I am convinced that the harmony between us, which, of course, is mentally of long standing, will become more and more complete. A relapse to the former condition seems impossible. It is, perhaps, significant for my present condition that I one night dreamed of my former lover, and that the dream was not sensual, and did not excite me sensually.

"I am satisfied with my present circumstances. I am, of course, well aware that my present inclinations are far from being of a degree that equals their former intensity. I believe, however, that they will

grow stronger daily. Already my former life is incomprehensible to me, and I cannot understand why I did not earlier think to overcome my abnormal sexual instinct by normal sexual indulgence. A relapse would now be possible only with an entire change of my mental life; and, in a word, it seems impossible. Your obedient servant, R."

The external circumstances, the patient's changed position in life, and the regular hetero-sexual relation based upon actual sympathy will probably assure him against relapse for years, and probably control the rudiments of homo-sexual feelings still present. In contradiction of the opinion expressed by Professor Benedikt,[1] the foregoing case shows that "pure mental hygienic self-exercise," "simple moral treatment" of the patient in the waking state, did not attain the desired object; and, on the other hand, that the result obtained only by means of hypnotic suggestion neither demoralized the patient nor induced in him "the destructive consciousness of having been the involuntary tool of the physician's art." But it restored the absent moral equilibrium without injurious effect, which is to be hoped will endure for years.

Among the few cases of contrary sexual instinct that have thus far been treated by suggestion and reported, there is none in which, with respect to the intensity of the effect and the permanence of the success, a similar result has been obtained as favorable as that reached in this case.

In May of this year exactly two years had passed since the conclusion of treatment. In February, 1891, R. became a happy father. There can be no doubt that the further conduct and condition of the patient are of great importance in forming a judgment of suggestive therapeutics in such cases. Therefore, I addressed him, and on May 3, 1891, exactly two years after the conclusion of treatment, I received the following letter:—

"HONORED BARON: It is somewhat difficult for me to be perfectly clear about my own condition, for there are almost always slight variations; however, in what follows, I hope to give you as exact a description as possible.

[1] Comp. Internationale klinische Rundschau, III Jahrgang, Nr. 40. "Aus der Pariser Congresszeit."

"You will first ask, probably, whether I still feel the effect of your treatment; and this question I may answer decidedly in the affirmative. A short time ago I had opportunity to test my resistive power with my former lover, who paid me a visit. During his stay I was entirely cold, and refused decidedly to meet him anywhere in the evening. Still, this indifference may well have been due to the fact that I no longer love him. Whether I could fall in love with any one else I cannot say with certainty; but, at any rate, I make no attempts to approach any one, and during the day I am quite free from all such ideas, even though I cannot deny that now and then soldiers, and others, are a pleasing sight to me; and I well know that no approach between us is possible. At night quite frequently the old dreams come, and fancies of the nature in question put me to sleep; but I always feel myself master of the situation, and look upon this unpleasant memory as the residuum of my past, which probably will never be entirely extinguished. I also believe that my original natural condition, though much weakened, will remain; but I am no less certain that a relapse, as long as present circumstances continue, is excluded.

"Now, to pass to the opposite side of my sexual feeling, I find it very peculiar that my sensual excitement at present may be as easily induced by the female as by the male sex, only with this difference,—that fancies of the latter come spontaneously. Too, it costs me no effort to transform these fancies into those of females, while formerly I noticed that the former were always accompanied by horror feminæ, which, as you know, at the time I began your treatment, was constant and unconquerable.

"I also notice that the condition described has been thus favorable only since September, that during the time before that I had a relapse, due to the prolonged absence of my wife. However, at that time I was far less potent than formerly. After September I first came to realize that during the first months my marriage was not as happy as it should have been; at that time spontaneous sensual excitement with the female sex was wanting, and it was always necessary for me to induce it artificially. (During the time of your treatment this was not necessary.) Naturally, the product of the will and reflection was very cold. My wife was much struck by the change, which took place quite rapidly. To her mother she said: 'Thank heaven, the ice is broken!' I repeat this expression because it seemed very characteristic; for I myself felt all at once as if an obstacle between us had been removed. Since that time my conduct has changed very much; before I was merely polite, now I am like a lover with his beloved. That the old fancies, as I have mentioned, still occur is inexplicable to me; but you will understand that, at least in the waking state, they have no power over me, for I am always able to paralyze them with their opposites. I had determined, after my wife's

confinement, to abstain from congress with her, but, unfortunately, I have not kept my resolution.

"I often study the question as to what I should do if my wife were to die. If I were to remain a widower I think I should return to my former life, though it would be necessary for me to accustom myself to it again; still, I am not so sure of the last.

"Very truly yours, —— ——."

This case, so instructive in its bearings upon the significance and importance of suggestive therapeutics, leads me to make the following remarks in review of it:—

1. As a result of the influence of hypnotic suggestion—at least, during the two years that have passed—we have the permanent removal of (*a*) horror feminæ; (*b*) the functional incapability of the erection-centre to hetero-sexual charms (due to cerebral influence); (*c*) the sexual hyperæsthesia in relation to the same sex (irresistible yielding to friends, passionate male-love, erection at the sight of powerful men); (*d*) onanistic inclinations.

2. Systematic hetero-sexual intercourse in marriage, made possible by suggestion, (*a*) keeps the patient from real relapse. Homo-sexual intercourse, which occurred twice in the two years, was only episodical and without deep psychological motive (*faute de mieux*), and it was indulged in when the opportunity the patient desired was wanting, as during the prolonged absence of his wife. (*b*) Preserves in him the inability to have intense homo-sexual feeling, which increases with time (in comparison with his former susceptibility to it); æsthetic satisfaction and lustful feeling in male-love are relatively slight.

3. Remnants of the natural contrary sexual disposition of the patient are present, and manifest themselves (*a*) in dreams, in considering which it is to be remembered that during hypnotic treatment the female sex was also the subject of dreams; (*b*) in the interest in handsome men which still exists, but which is not accompanied by sexual feelings. Before treatment this interest induced erections, but not after treatment.

4. The treatment,—*i.e.*, the hypnotic suggestions, combined with systematic hetero-sexual intercourse,—continued

after the conclusion of the sittings, artificially induced (*a*) a power to resist male temptation, which was repeatedly tried, and complete self-control, which kept the patient from conflict with the law; (*b*) the possibility of hetero-sexual feeling, of the existence of which, in the life of the patient before the treatment, there were no indications; (*c*) the need of hetero-sexual intercourse, which increased with time. It was so strong that the patient was unable to keep his resolutions made, presumably, on account of the puerperal state.

At the present time the patient is in the condition of persons subject to acquired contrary sexual instinct. With reference to his natural homo-sexual disposition, assuming that it is really such, his hetero-sexual feelings constitute an artificially cultivated anomaly of habit, similar, for example, to that of smoking, which, as a cultivated habit opposed to the natural reaction (nausea, vomiting, foul taste), may become an irresistible passion.

As a rule, patients subject to acquired contrary sexual instinct pass through the stage of psychical hermaphroditism; the cure takes place through a reversal of the same process. Thus, the patient is excitable to both sexes, and thus fancies about men may be voluntarily transformed without opposition into those of females, and with the same physical reflex effect. The addition to the influences affecting the patient determine the direction of further sexual development. It cannot be doubted that, in the fortunate matrimonial relations of the patient, this development will be of an hetero-sexual nature. These circumstances constitute a constant stimulus for him, which has become strong enough to easily paralyze all accidental seductive tendencies. The stronger the feeling for the female sex becomes, the weaker will homo-sexual feeling grow. At the present time it manifests its harmless presence only episodically and in dreams. But, in the degree in which hetero-sexual intercourse results in æsthetic and physical satisfaction, the desire for active sexual satisfaction will be enhanced. The reflex effect of this phenomenon must gradually manifest itself in an intensification of the general feeling and inclinations characteristic of a man,

as a psychical transformation gradually completing itself with the course of time. But to what extent the individual's mental change can go depends, in our case as in all others, upon the congenital defect; upon the extent of the anatomical and unalterable degenerative state,—if there be really such a condition present. The hetero-sexual feelings existed but two years; and, in contrast with this, it should be considered that the homosexual manner of feeling dominated the period of life from the age of 18 to 28, the most important in sexual development, and therefore lasted twelve years. Natura nec fecit saltum. Therefore the patient's recovery must always be in proportion to the development of his malady. This should be especially emphasized, owing to the common opinion of the laity that, in a few hypnotic sittings, as if by magic, a patient's old personality, with its inherent diseases and defects, can be eradicated.

Nevertheless, in our case, should there arise no abnormal unfavorable influence of an opposite nature, it is to be expected that the patient's psycho-sexual development in relation to the female sex, resting upon the foundation of the last two years, will progress with every ensuing year and become fixed.

In this sense, thanks to the help of hypnotic suggestion, the prognosis and treatment of the congenital form of contrary sexual instinct seem less unfavorable than heretofore. Though Kräpelin, in his text-book on Psychiatry (p. 576), says, "There can be no thought of treatment of this anomaly, which has developed with the development of the character and has its roots deep in the individuality," without giving his opinion any more solid foundation, still, the logic of facts which have already been confirmed by the experience of other authors speaks a more convincing and persuasive language than that of mere theoretical speculation. In congenital contrary sexual instinct, if such a form actually occur, essential improvement and even relative cure may be attained.

Conclusion.—After giving the foregoing history the patient wrote to Professor von Krafft-Ebing and myself, giving some not unimportant additional facts. Thus, in the performance of marital duties, of which he wrote on May 20, 1890, the

patient found that, as he recognized eight weeks later, he had deceived himself. The act which he thought to be that of sexual intercourse was, in fact, only an imitation, namely, coitus inter femora (practiced in homo-sexual intercourse). For this act it was necessary at times (not always) to induce erection artificially or by the aid of contrary sexual ideas. After the error was recognized, there was performance of actual coitus, but still by means of erection artificially induced. After five or six months, on an occasion when his wife had a nervous attack, there was sudden and unexpected occurrence of spontaneous hetero-sexual feelings and, for the first time, completely satisfactory coitus *quoad* erection and lustful feeling. At the same time there was a favorable change of the marital relations. From this time the sexual relations became the expression of an irrepressible tender attachment, and they took place without artificial excitation of any kind.

Thus, the patient attained, though not in exactly the way described in his letter, the same end. Homo-sexual rudiments manifest themselves now and then in dreams.

This concluding description only speaks for the truth of the history, which, owing to the intense suggestibility of the patient, was painted in too favorable colors.

Case 63. *Personal Observation. Contrary Sexual Instinct, with Complete Effemination (as a Symptom of Moral Imbecility). Successful Treatment of Homo-sexual Feeling in One Hundred and Forty-two Sittings. Time of Observation, One Year and Eight Months.*—The following letter led to treatment of the case:—

"Munich, July 22, 1891. Dear Doctor: After having conquered myself and brought myself to visit you, I was compelled to leave your office on learning that you were absent from town. Therefore, I take the liberty to write you; for, should I wait for your return, my courage might fail me to report verbally what I can write much more easily. To be brief, I belong to those miserable and unfortunate persons with which von Krafft-Ebing's book is concerned; and since I only yesterday obtained the fifth edition of that work, the resolve which I made in January, after your lecture, to ask you for help, and which, from shame and weakness, I did not carry out at that time, was carried out. For the case there described of an urning cured gave me hope that your art might also help me.

"*From birth, in all my feelings and actions*, I have been more like a female than a male. As a child I played with dolls, and never liked to play with soldiers; and I used every opportunity to dress like a girl, and I still do this successfully. All my thought is directed to the possession of a man; I am inordinately vain, always seeking to please, and superficial, and, at the same time,—what the error of nature necessarily brings with it,—very unhappy; for I never conceal from myself for a moment that I am a despised creature, and that my inclination is low and unnatural.

"A complete cure, such as that made by you, and described by von Krafft-Ebing, I do not think possible in my case; for, were you able to give my sexual instinct another direction, still you would not make a man of me, as I am wanting in everything characteristic of a man: courage, decision, energy, perseverance; and I desire nothing so much as to be subject to a man, to love him and serve him. Of what use, then, would such an effect be to me? I desire something else. Because I have had no lover, I have had to help myself with onanism; and it is this, I believe, that has so destroyed my nerves that I am not far from insanity. For the headache that for the most part follows onanism I take antipyrin regularly, 1, 2, or 3 grammes, as may be necessary; and for depression, which is truly frightful, ether and valerian. At first these medicines helped me, giving me a feeling as if two beings were in me; for I became joyous and excited, and had palpitation; knowing, though, that I had really no reason to be happy, and that the cause of my depression was not removed by such means. Neither is any longer of assistance to me; for the despair which formerly increased to violence has given place to apathetic hopelessness; and I know that my way, be it short or long, leads to suicide by drowning. My thoughts follow me in dreams; and often I wake up from a dream covered with sweat, in which I stand at the edge of a dark expanse of water into which I must go. I should like your help by means of hypnotic suggestion, that I may, first, cease to practice onanism; second, that I may cease to think constantly of men. Formerly I occupied myself with literary work. I have published two comedies, and written reviews on art, historical essays, etc. But all that is over. I may say that I am bankrupt intellectually. Day and night I think only of gratification in my sense; I cannot see a young man without the painful desire to possess him. I do not cross the street or enter a café without being troubled by this desire. And yet I cannot stay at home; an indefinite feeling of anxiety drives me out. Only last year I took a long journey—Paris, Cologne, Brussels, Berlin, Vienna—in vain! I could not escape from my sick and weary soul; I took the poisoned imagination with me everywhere. Do you think you can help me in this way; that, even though you cannot cure me, you can make me better? When you return, I shall take

the liberty to call on you. This confession will, in a measure, force me; for with it the first step is taken.

"Respectfully, A."

Autobiographical Sketch of the Patient.—"Munich, September, 1890. Dear Doctor: On my first visit you requested me to write my biography for you, and I herewith comply with your wish. I was born in 1860, in H., the son of a respected official and a mother descended from an old family. I am not, I think, predisposed hereditarily. As far as I know, there has been neither physical nor mental disease either in my mother's family—which has given Bavaria several ministers, diplomats, and ambassadors—or on my father's side. My parents are healthy, as are my sisters; two brothers are dead. My eldest sister (married) suffers much with migraine. Save for the diseases of childhood—measles, scarlet fever, and whooping-cough—I have always been healthy. The fact that I am now nervous, and have been so for years, is probably due to my contrary sexual condition and onanism.

"From youth I was quiet, avoided all noisy boys' play, and preferred to play with dolls. I was hypersensitive, easily moved, timorous (not to say cowardly), and shy. To my mother I clung, and I do still, with the tenderest, almost deifying, love; while I feared my father and lived in trembling awe of him. He was excessively strict, and I remember seldom to have had a kind word from him. If he were in a good mood, however, he liked to joke and tease me until I cried, to the amusement of the other children, relatives, or guests who might be present. He did this for years, and naturally I came to feel that I was a ridiculous, strange creature, afflicted with peculiarities which made me the butt of ridicule to other men. Perhaps my melancholy arose from this early period; for I know that as a child I was pursued by a sadness which no one could explain, and for which I myself could have given no good reason. Nevertheless, let the cause of it be what it may, melancholy has become my controlling mood; and I often try to free myself of it, but in vain. Like a weight of lead it rests on me, and I often think I can endure it no longer.

"At 5 I entered school and learned easily; but I was always very lazy, and I liked to read for my amusement rather than to study. Much reading was not good for me; it overstimulated my imagination by giving my mind too much material, and at last, by furnishing me with a mass of the most varied knowledge, it made me vain of my learning. What have I not read? I was scarcely able to read before I read, at the age of 5, my first story, 'The Two Baronesses,' by Andersen; and then followed novels, poems, etc. At 9 I knew Freytag's 'Pictures of Long Ago'; at 12, Lessing; at 13, Goethe; and, in fact, the whole of the theory of color, morphology, and all the rest. I read everything,

without discrimination. I preferred only one thing,—Indian stories. Historical works, like Weber's 'History of the World,' I read with great delight, repeatedly. This fever for reading, which, had it been directed by an experienced hand, would have been of great profit to me, perhaps, abated somewhat when I was about 20. Then I began to proceed somewhat systematically. Now, for about three years, I have as good as given up reading. At the age of 10 I entered the cadet-corps. I passed the examinations without difficulty, and in some things—for example, German and history—I was always the best scholar; in others, like mathematics, always the worst. I should here remark that I have never been able to understand higher arithmetic; I have never gone beyond the four principles, and even to reckon with these is still difficult for me. After passing through all the classes I passed my examination, but I had no desire to be a soldier; so I became a merchant, and am still. Of my external life I have nothing to record, except some journeys to Italy, Paris, Vienna, the Rhine, St. Petersburg, and Denmark.

"Now to come to that which, for you, will be the most essential thing,—my contrary sexuality. I must confess that I have never felt anything more for the female sex than respect, friendship, and affectionate regard; never warm feelings. I early felt a preference for feminine pursuits. Till my fifteenth year I loved to play with dolls, and whenever I could I dressed like a girl. In questions of female attire I am a judge, and I always know the fashion in material, color, and cut. When in the cadet-corps, I soon learned that my boyish attachments were more than real friendships, though I never went beyond kissing and embracing; and only after I was 16 was I seduced to mutual onanism by a comrade, which I then practiced not only with him, but with several others. The real sexual relations were still unknown to me, and in solitary onanism my ideas were only about persons of the male sex, for my experience had afforded me no other objects. When I left the academy I thought that was the end of it all; I had no suspicion how many fellow-sufferers I had, and only an accident, which put Ulrich's writings in my hands, opened my eyes and made me very unhappy. I lived in very pleasant surroundings, but without association with persons of my own age, and knew not how to obtain such friends; and thus, in my eighteenth year, I began to indulge in onanism in earnest.

"Unfortunately, I had opportunity to read many lascivious books, and I can boast of a very extensive acquaintance with erotic literature. Nothing is unknown to me, from the tiresome gossip of Casanova to the voluptuous dilettanteism of 'Elegantiæ Lat. Sermones,' the Alcibiade fanciullo a scuola, the frivolous sophistries of Thérèse philosphe, and crazy fancies of Marquis de Sade; and my memory was indelibly impressed by the scenes from these books, till my imagination was poisoned and busy with nothing but images of the lowest and coarsest sensuality.

I do not know whether I possessed a trace of what is commonly called morality or not; if I did, I lost it entirely. I longed to be able to prostitute myself, to be violated; and even yet, when a man satisfies himself with me, I think 'you are violated' the greatest enjoyment. My greatest desire has always been to be violated by force.

"From my eighteenth to my twenty-fourth year I satisfied myself only in onanism, and then entered into a relation—really my first—with a man somewhat older, who satisfied himself with me in coitus in anum. This relation lasted four months, and, though we were much attached to each other, we have never since had sexual relations with each other.

"I then moved to another place, where, either through inexperience, fear, or shyness, it was a long time before I made the acquaintance of persons like myself; but, once started, I became acquainted with many immediately. In this way I learned all manner of sexual indulgence of man with man. The men who gave me the greatest pleasure and the most lustful enjoyment were those who performed coitus in anum with me; and when the man was handsome, large, and strongly built, he caused me to have true ecstasy of lust. Only one pleasure was wanting to me,—the consciousness of being able to bear a child to the loved man; otherwise I was truly happy, and after the act felt refreshed and strengthened and physically and mentally at ease. Though this manner of congress has been performed with me innumerable times, I have never experienced the slightest inconvenience in it, and even when the organ inserted has been of unusual size I have felt no pain. The pleasure was so great that I had erection and ejaculation. The latter added very little to my pleasure; so that I often held myself back that I might be ready for a second and third when the first man had finished. It was like a kind of madness for men that came over me; I would have—even had it killed me—given myself to a dozen.

"I could not write down all these disgraceful details if I did not think, Doctor, that perhaps you will regard them of essential importance for my treatment; besides, I hope that in me you look at a 'case,' and not at a man.

"My greatest desire,—at least, since I have become conscious of my condition,—the only object of my striving, has been to be loved, to find the love of a man. I have never found it; and yet I know that I could have sacrificed all to such a person—all. No sacrifice would have been too great for such love; all that I possessed—honor and good name and even my family—I would have given up, and never have asked whether the man were old or young, handsome or ugly, low or high! Sexuality, little as that was to be ignored in the matter, could not have been the most important matter, truly not; but mental union, inner attachment, actual love,—not a passing fancy, which I also prized in its way,—could have enchained me. It was never mine; and this eternal,

unsatisfied longing, which has grown more intense with continuance, makes me so miserable that I forget everything but this desire; it banishes and destroys all mental interest, and all seems vain, empty, and unprofitable. Like a fixed idea, the thought of love—always only of love—pursues me! I have become bitter and acrimonious, my disposition gloomy, and as with closed eyes I have gone through a world which could give me but one thing,—the hope of death. Suicide came before me in all forms, first as a play of fancy, then more and more distinct and threatening; awake and sleeping, the thought pursued me. I was forced to think of it; I fought painfully against it. In vain! The fear of becoming insane made voluntary death enticing; showed it the lesser of two evils.

"What have I not done to help myself? To benumb myself, I flew from one pleasure to another; I sought society, and then fled from it! I felt that my descent grew faster and faster. I could even calculate how long it would last. Then I read in von Krafft-Ebing's 'Psychopathia' the cure effected by you, and I thought: I will try it; it cannot be worse, it can only be better. I confess that my hope was small; for even if it were possible to give my sexual impulse another direction, would I then become a 'man'? I possess no will at all, not a trace of energy; on the slightest feeling of distaste, I throw up any undertaking. I wait to be influenced; I have no character, but in judgment and opinion, manner and speech, etc., involuntarily I accommodate myself to my surroundings. I cannot refuse a request, but no activity is to be expected of me. In short, Doctor, if you can make a man out of this limp rag, then your art can do wonders. If you cannot, then no harm will be done. I am of use to no one, but the greatest burden to myself, and perhaps it were then better ended!

"Herewith I submit the history you desired, and in explanation of it I may note that in female attire I feel much better, more at my ease, than in my own. My gait and my manner are such that they would never convey the slightest suspicion of my sex; and to such attire I am indebted for the happiest hours of dancing, conversing, and flirting with my own sex; but with real men, not with 'aunts.'

"Very respectfully, A."

Supplement to the Patient's Development of Homo-sexuality and Character.—The foregoing autobiographical notes, in content and form, give a fair picture of Mr. A.'s condition, and, in fact, in more detail and with more truth than would be possible to the physician's pen. There is but little to add.

I began to treat the patient, August 30, 1890. Aged 30. One brother is said to have died of cerebral softening at the age of 1 year; otherwise the history of the family presents nothing worthy of note.

Aside from the diseases of childhood and a very intense neuropathic constitution, existing since early youth, A.'s physical development progressed without interruption. Last year, gonorrhœa from contact with a male. In the patient's history there were not the slightest evidences of hetero-sexual inclination. On the other hand, A. states that in earliest youth he manifested a great disinclination for all kinds of masculine employment and a preference for household work, doll-play, feminine dress, etc.

The external cause of the complete development of the homo-sexual disposition was excessive onanism, practiced in the cadet-corps,—that hot-house of the most dangerous of sexual errors. His feminine manner gave him the nickname of "Lizzie" among his companions. During the time of puberty all external circumstances contributed to fully develop A.'s homo-sexual impulse.

For women he had never had anything more than friendly feeling. When he sought their society, it was principally to get advice in questions of dress. Owing to his libido nimia, gradual development of sexual hyperæsthesia and neurasthenic symptoms. As we see from his own statement, A. practiced all the acts of male intercourse, in which the detailed performance of the female *rôle* and the consciousness of giving a man lustful feeling gave him relatively greater satisfaction than the mere physical act.

He never had desire for the active *rôle* in the sexual act. At the age of 24, at a time when contrary sexuality had attained full development, for the first time in his life the patient accompanied his beloved friend, a man of masculine feeling who found no pleasure in homo-sexual manipulations, to a prostitute, led by the secret desire to have an opportunity to see naked the man he loved. Greatly excited by the sight he desired, and forced to content himself with a substitute, he performed coitus with a prostitute, never for a moment, however, losing sight of the object of his desire. After that he made two more trials, which failed on account of intense disgust and repugnance, notwithstanding the presence of the man he loved. Since then he has had no sexual contact with women.

His great libido goes to the extent of madness for men; he gives himself to men without choice, but feels disgust for persons of his own sex like himself. The patient's imagination is abnormally excited by obscene reading and unrestrained dissipation. Thus, finally, all his thought, feeling, and desire are directed to the sexual sphere. His sexual desire, intensified to the degree of satyriasis, leads him to all possible perversities of the sexual act (for example, pederasty with several persons in succession, etc.), and makes him a male prostitute. His sleep is disturbed, and for years has been interrupted by lascivious dreams of homo-sexual content. Before falling asleep and on awaking

(from dreams and in the morning) there are always erections (stated to be for years), which, owing to their frequency, are annoying and sometimes painful, and which always lead to a resumption of onanism. Masturbation, as a rule, mornings, while A. in a doze gives himself up to fancies about voluptuous men; sometimes during the day. As a rule, aside from homo-sexual intercourse, A. masturbates three times a week; but he has practiced it daily for the last fourteen days. The sight of male genitals, in pictures and on statues, induces erection, while the sight of the female form makes no impression on him. The patient once attempted to engage in gymnastic exercise, but had to desist owing to continuous excitement of his libido sexualis.

But not only is A.'s sexual feeling completely developed in an homosexual direction, but also his whole mind. Character, feeling, and inclinations, it is stated, have, since earliest youth, developed in a feminine direction. Effemination is complete, as we have already seen from the principal points of the autobiography. A. has always been disinclined to all male employment, and has been opposed to smoking, drinking, and sports.

Dramatic representation of the female *rôle* gives him the greatest pleasure. His knowledge in matters of female attire is remarkable. He possesses several feminine toilettes, and he loses no opportunity to wear them temporarily as masks. For many years, in the winter he has visited masked balls, etc., attired as a woman. In speech, movement, gait, dance, and attitude, as well as in the whole repertory of feminine thought, as expressed in conversation, he carried out so perfectly the movements of expression and the arts of attraction that, in his mask, his real sex was never suspected.

He repeatedly had himself photographed in such attire. Two photographs lie before me; one represents him in a ball-gown with flowers; the other in a costume used by a celebrated prima-donna in one of her principal *rôles*. None of the numerous persons to whom the pictures were submitted as a test recognized a man in them. Great preference for ostentation, the theatre, *belles-lettres* (successful as a writer), especially for all formality and appearance. His room is provided with feminine toilet-articles; pictures of historical urnings ornament the walls.

In comparison with the understanding, his emotionality is strongly developed. Great softness of disposition. Earnest advice by me concerning his condition moved him to tears. Whimsical, irritable, apprehensive; devoid of self-confidence. Patient is vain. Conversation in general superficial. Narrow intellectual horizon. Logic only subjective, and in accord with the feeling of the moment. Capable of self-sacrifice in relation to real male love. Enthusiastic in his inclinations. Sanguine temperament. His glance betrays coquetry, lustfulness, and shyness.

Much depressed, owing to his neuropathic disposition and sexual excesses. Thoughts of suicide, which the patient has never carried out because of cowardice. Poor self-control. Weak morally; defective, sometimes blind, in relation to his perverse actions, and incapable of rational thought. Emotion, like the instinctive impulses, sometimes attains pathological intensity. On the whole, great weakness of character. Incapable of forming ethical ideas; complete lack of resistive power to external impressions.

A. is led to consult a physician only by his physical complaints of a neurasthenic nature, due to his sexual excesses, and by his unsatisfied longing for a lover, which gives him hours of bitter despair. Since coming to a full understanding of his condition, he has lost interest in everything, even in the most important questions of life, in as far as they have no relation to his feminine tendency. He fulfills his business duties mechanically and without pleasure. Writing, which formerly gave him complete satisfaction, he has since then entirely abandoned. Too, in artistic matters he now prefers that which is superficial and easy. He is an assiduous visitor of varieties and operettas, while he seldom makes his appearance at the theatre and opera; at most, he might attend a comedy. In this direction all his interest is in men in female parts.

Besides the depression mentioned (tædium vitæ), the patient often suffers with migraine. Sleep is restless, interrupted; attacks of anxiety, especially when he is alone. Therefore, he avoids solitude, and seeks to divert himself with amusements. Lack of desire for, and inability in, mental work. General listlessness, especially mornings. Spinal irritation and tachycardia.

Present Condition.—Of medium size; well nourished; of delicate build. Abundance of superficial adipose tissue. Cranium, on the whole, of masculine type; nowhere sensitive to pressure. Lobules of ears attached. Growth of hair not remarkably abundant.

CRANIAL MEASUREMENTS.

1. Horizontal circumference,	60 cm.
2. Posterior half-circumference,	24 cm.
3. Anterior half-circumference,	32 cm.
4. Line over vertex from ear to ear,	39 cm.
5. Antero-posterior line over vertex,	28 cm.
6. Ear-chin line,	30 cm.
7. Long diameter,	20 cm.
8. Greatest lateral diameter,	16 cm.
9. Diameter at auditory meati,	13 cm.
10. Diameter at zygomatic process of frontal bone,	12 cm.
11. Distance from auditory meatus to nasal spine,	12 cm.

The hair blonde, well cared for; the moustache from time to time

shaved. Eyes have a neuropathic, swimming expression. Patient is myopic and wears eye-glasses. Pupils dilated, normal in reaction. Face handsome, approaching the female type in form. Expression sympathetic. Face pale, and looks as though paint and powder were habitually used, which A. confesses. Skin well cared for, delicate and white. Breasts very well developed; breast without hair; hands not feminine.[1]

PELVIC MEASUREMENTS.

		Female.
Diameter at anterior superior spines, .	25 cm.	26 cm.
Diameter at crests of ilii, . . .	27 cm.	28–29 cm.
Diameter at tubera ischii, . . .	8–9 cm.	10 cm.
Diameter at trochanters, . . .	30 cm.	31 cm.
Diameter—external conjugate, . .	18 cm.	20 cm.

Convergent position of thighs. The genitals of medium size and well developed. Mons veneris with abundant hair. Prepuce can be easily retracted. Voice feminine and high. On the whole, the form is well rounded and soft. Attire very elegant, almost foppish; odoriferous with perfume. Gait mincing, tripping. Movements graceful; gestures feminine. In his general appearance there is something elegant and unmanly.

Besides the active stimulation of his instinct, the patient has a demonstrable want of moral understanding, and incapability of forming moral ideas; so that the existence of a moderate degree of weak-mindedness may be assumed.

The Treatment.—In this case of moral insanity, or psychopathic subsidiary defect (anatomical signs of degeneracy, want of moral sense, and complete effemination), the treatment seemed to me to be rendered especially difficult. Therefore I was able to predict only the probability of decided improvement, while complete psycho-sexual transformation was scarcely to be expected.

The objects to be attained by treating A. could only be the following: (*a*) Thorough removal of the onanistic inclinations and the consequent physical troubles. (*b*) Artificial limitation of the homo-sexual feeling to the extent of complete power of resistance (indifference) to male charms. (*c*) Establishment of permanent regular hetero-sexual intercourse for the satisfaction of sexual desire.

The removal of physical ailments completed the treatment. Only after fulfillment of these conditions could there be any thought of a psychical transformation of the manner of feeling in an hetero-sexual sense, with the consequent reflex effect upon the patient's character. The limit of possible development is here also drawn anatomically, owing to the defective organization of the highest psychical centres and the fixity of

[1] Comp. p. 263, conclusion of letter.

existing associations in the apparatus of ganglion-cells which cannot be influenced.

The great importance of psychical therapeutics, of moral treatment, of methodical discipline of the feelings in the waking state, in the entire treatment, is not to be undervalued. The physician using hypnotic treatment often cannot dispense with its effects. But it seems very questionable whether the application of such means will be sufficient. Hypnotic suggestion seems to us as the foundation, as the starting-point, of therapeutic procedure. At any rate, it quickly attains the object sought; and, by removing associated and contrasted ideas, it more effectually influences the mechanism of the brain than do psychological processes in the waking state. But both forms of psychical treatment seek to attain the same end. By developing fixed and permanent associations (auto-suggestions) they seek to restore to the patient his lost self-cultivation and to give him control of his nervous mechanism; or to establish them anew. An example given by von Krafft-Ebing shows that milder forms of the anomaly can sometimes be successfully treated by self-education. But he regards such cases as infrequent exceptions, and he cites but one case. Von Krafft-Ebing regards hypnosis as the only means of cure. Therefore, logical correction by reason and suggestive command must be completed by the hypnotic state in order to put the patient on the way to improvement.

The treatment of our patient, with which many difficulties were associated, was directed in accordance with these principles.

September 1, 1890. First attempt at hypnosis (method of Nancy). Complete hypotaxis; suggestive catalepsy; somnolence. Suggestions: Disappearance of troublesome erections, which disturb sleep; disappearance of onanistic inclinations and depression, pleasure in business, and physical well-being. After awaking, no amnesia, but feeling well.

September 2d. For the first time in years the patient went to sleep without erections. In better spirits. Still he masturbated. Hypnosis and suggestions as yesterday.

September 3d. Patient went to sleep and awoke without erections. He felt no inclination to masturbate, and does it no more. He awoke twice with annoying erections. Feeling better physically. To the suggestions of September 1st interest in the female sex is added.

September 4th. No more onanism; no erections on falling asleep or on awaking; sleep disturbed once by erection. Yesterday A. noticed the actresses at the theatre. He is more quiet in mind. Suggestions as on 1st and 3d of September. There is no amnesia to-day, nor in later sittings.

September 5th. For the first time A. awoke in the night without erection, but he had one on waking in the morning. A. fights strenuously against his inclination to onanism without yielding to it. Sugges-

tions as on the 1st and 3d of September; besides, sexual intercourse with a prostitute to-day is energetically suggested, and perfect success promised.

September 7th. On the evening of September 5th the patient reluctantly visited a prostitute. Erection only after prolonged manipulation. Coitus performed with inner repugnance. Intense physical reaction in an attack of migraine following the act. Great depression; suicidal thoughts. On the evening of September 6th and the morning of September 7th, masturbation.

To-day, removal of the physical complaints by suggestion. No more erections, indifference to men, as well as the suggestions of September 1st and 3d. After awaking from the hypnosis, is like one transformed; no bad feelings; hope and confidence.

September 8th. For the first time entire absence of annoying erections on going to sleep, during the night, and on awaking. To his astonishment, A. notices a kind of curious interest in young girls (at the theatre, in the streets, etc.). He still has lascivious fancies while dozing mornings. Struggle against onanistic desires, but he yields and masturbates. Again, energetic opposing suggestions with the usual procedure.

September 9th to 13th. Daily hypnosis. On the whole, gradual progress. Onanistic inclinations less frequent; erections gradually cease to occur. Mental improvement, but still homo sexual fancies. Once more coitus on September 14th, again giving rise to unfavorable mental and physical symptoms. During the last half of September, in spite of my advice, A. visited me but very irregularly, and several times he presented himself in a state of great depression. On September 21st, third coitus with somewhat better results. States that he has interest in a young woman. His feeling is very variable.

September 25th. Violent migraine successfully overcome by suggestion. From the end of September to the 10th of October the patient ceases to attend, without any reason. His unusual conduct leads me to write an inquiry concerning his condition, to which I received the following answer:—

"Munich, October 10, 1890. Dear Doctor: Pardon me if I answer your inquiry, which I have but now received, by letter rather than by word of mouth, for I have not the courage to tell you personally what I can no longer conceal from you.

"Until Sunday, September 14th, all went in accordance with my desire, slowly but steadily; the suggestions were carried out with the greatest precision; onanism, with all its accompanying symptoms, disappeared, and I hoped confidently for improvement, if not recovery. Then came that unlucky Sunday, on which, at your desire, I wrote my autobiography; and, in coming to a complete understanding of my condition, I said to myself, 'You cannot be cured; it is not your sexual

desire for your own sex that predisposes you, but your mental desire.' Then I gave you my autobiography, in which I spoke of myself never so frankly, even to my confessor. My conviction, reached in the biography, as well as your statements, robbed me of courage. I lost all hope of cure. Terribly humiliating as the confession is to me, I can no longer remain silent. Since the 17th of September I have practiced my old vice daily. I have three times been with men; up to to-day have been with women but three times. A verbal confession would be too painful to me; hence this letter. I know all that you might say to me; I realize how bad my conduct is. Thus, since that day the treatment has been without effect. Perhaps this result was in part due to the fact that from Forel I learned how much of its effect was due to auto-suggestion,—real imagination,—and I no longer had faith in it. Since that day all is as it was.

"I do not venture to make excuses, for I am well aware of the despicableness of my conduct. The fear of an immediate verbal confession outweighed all else.

"Please pardon me and give me up. After this confession I could not look you in the face again. I am greatly indebted to you, dear Doctor. How much pains you have taken with me! But you are not to blame that what you said with the best intention has not had the desired effect on me. Pardon me!

"With feelings of genuine gratitude and of greatest respect,

"Sincerely, A."

October 11th. At my request the patient came again. More careful inquiry shows that even during the period of relapse, and in spite of his despair, A. was (*a*) free from erections at night; (*b*) was relatively better (fancies and masturbation infrequent); (*c*) and in male intercourse he did not find a satisfaction that could be compared with former similar feelings. On the contrary, his expectations were not fulfilled. After the act he felt a certain repugnance, a kind of moral regret.

I reassured A., diverted his thoughts, and removed his misapprehension, and he showed himself the more amenable to suggestions.

From this time till the end of the month he was hypnotized. The sensitiveness to suggestion increases; post-hypnotic commands are performed with precision, but there is never amnesia. General faradization used for his neurasthenic symptoms with good success.

As in September, the suggestions are directed to masturbatic inclinations and erections; to attempts at successful coitus, with pleasure in it, and inclination for the female sex; and to physical well-being. Besides, greater pleasure in work and resumption of writing are suggested.

From October 11th to 14th, good success. Unfortunately, on the latter date a new obstacle to the patient's progress arose in the form of gonorrhœa, which the patient acquired in coitus. It was cured by injec-

tions by the end of October. Still, this month was one of considerable progress in A.'s general condition.

Onanistic tendencies and erections at night, which had troubled the patient for years, disappeared completely under the influence of constant suggestion, and without relapse. His general condition became much better; there were but slight variations of his mental condition. During this month he had to complain of migraine but once (October 25th). His apprehensiveness, which had driven him from the house, disappeared. He again found pleasure in writing, spent a portion of his evenings at home writing a story he had begun years before. Greater interest in his business. While the interest in the opposite sex became livelier, during this period there was no homo-sexual excitement of any kind.

October 31st. Again for the first time intercourse with a prostitute, with unfavorable physical effect, but without repugnance. Continuance of the treatment in the same way till December 21, 1890. Slow, continuous progress.

November 9th and 12th, coitus with good success and physical well-being, but erection only after manipulation. Decided increase of hetero-sexual libido.

November 16th. In an attempt at coitus, but slight manipulation necessary to induce erection. He describes his condition as an "inner transformation *malgré moi*." There is still interest in men, but no longer any desire to possess them.

November 20th. Again coitus with satisfactory result and more intense pleasure. In sexual fancies the idea of a woman regularly comes to him.

A trip of two weeks to Vienna and Linz interrupts the treatment. After his return, on December 6, 1890, the patient confesses that he has attained the most desired object of his life, namely, to be loved by a man. The second relapse; the third obstacle to treatment. In the following letter the patient tells how it all came about:—

"Munich, December 10, 1890. Dear Doctor: Before attempting to give a report of the events of my absence of two weeks, I will first try to describe the success of the treatment to which I have now been subjected three months. Try as I may to collect my thoughts and to conceive a picture of the state of mind in which I was before the journey, I can make nothing of it. It seems to me that all that was before had been erased; as if I had lived only since I loved him. Whether I was joyous or sad, peaceful or depressed; what I thought of my condition; whether men charmed me or not—all memory of it is gone. All I know is that at W. I was very busy, and that I spent my leisure hours in the society of my relatives and that of a friend (unreasonable). Now all my thoughts are of him. All longing, hope, and desire are about him. Only his image is before my soul; only love of him fills my heart.

What shall I tell you of the feeling that animates me; that makes me happy or pains me, as I am happy in possessing him or miserable at the thought of losing him? You wished to know exactly how it had all come about; and I will try to tell all as clearly as possible.

"Before I made his acquaintance I had heard of him, and nothing but good report of his character and his heart; so that I was very anxious to know him. At first I did not please him, for I was chilled after a long journey, and the changes which cold induces in my face are usually not attractive. I hate cold! But with longer association I pleased him more and more,—how I do not know; he began to be interested in me; he kissed me and told me that I pleased him, that I was pretty, that he loved me. At last! It had come to me! My heart, that had long given up hope of being loved, was warmed, and a new, unknown feeling came over me. I saw only him; I wished only for him. Had the world vanished around me I should not have noted it.

"Three blissful days followed. In the mornings we were not together, but afternoons, evenings, and the nights. Oh, God, I thank Thee that once in my life Thou hast allowed me to taste the bliss of love! Yes, it was bliss,—unspeakable, infinite happiness. I had him; I felt him; I possessed him. Ah, it would have been too much mercy to allow me to die in his arms! For years I had prayed for nothing from God and his blessed Mother but to find love. I repeated my prayers mechanically after the formulas, but my heart cried out for only one thing,—love; give me love! For years I have let everything go, lost all interest, abandoned my literary work, done my business perfunctorily. Nothing interested me; nothing attracted me; without love all seemed empty! And now I was blessed. All thought and feeling disappeared. It was like an ecstasy, full of blessed peace. I lay on his heart, and I had no other desire; it was all to me. I no longer know whether the time was long or short; I only know that it passed, and that now it has been long since I have seen him. We do not live in the same city; we have not the same occupation; the possibilities of meeting are not great; and still I think only of him. I pray only for him. If he is only happy; if all goes well with him; if he is only satisfied and well. I can do nothing for him and be little to him; and yet, if he but wished it, I would give up everything; I would become dead and lost to my relatives; I would beg with him, if necessary.

"I am too old and know the world too well not to know that one cannot always be at the height of such feeling; but I will not know it; I will be blind; I will deceive myself; and I tremble at the thought of the moment when, perhaps, he will cease to love me. Oh, God, spare him to me! I know well that physically he cannot remain true to me. I do not desire or expect that, if only his heart, his love, remains mine,

which has nothing in common with the sensual pleasure which, perhaps, he experiences temporarily with others. I remain his; for me no other man exists. His image hovers around me; he is my first thought on awaking, my last on falling asleep. I stop; for were I to write ten sheets more I could not express in words the feeling that animates me.

"With truest gratitude for your help, that has done so much for me, Sincerely, A."

In answer to inquiry, A. added that he lived with his lover three days, and that he repeatedly performed coitus in anum on him, with spontaneous ejaculation. The patient protested against my removing by suggestion this inclination in which he found his perfect happiness. Thinking that this second mood would also pass, that then I should have even a more fertile soil for suggestion, I limited myself to suggestions of ability to work and against all other men.

The patient's general condition has scarcely suffered by this unforeseen incident. Now, as before, the nights pass quietly and without the occurrence of erections; no inclinations to masturbate.

The prospect of seeing the lover again is small, owing to wide separation; and their intercourse is limited to correspondence. In the week after his return the patient refuses to perform coitus with a woman. He regards that as being false to his most sacred feelings.

Certain of my final victory, I considered the patient's state and limited my treatment to his general condition.

December 14th the patient came in great depression, and reported that the very cool tone of his lover's last letter did not in any way meet his expectations.

December 18th the patient is in tears because of despair at the conduct of his lover and his decisive refusal to indulge in hetero-sexual congress. He wants to go to see his lover, and longs for the day of his departure.

Before going he gives me a written report concerning the final results of treatment up to December 20, 1890, which had not been touched by the "relation." The letter follows:—

"Munich, December 20, 1890. Dear Doctor: In obedience to your desire, I will attempt to describe the success that has attended your treatment of me during three months. When, late in August, my attention had been excited by the fifth edition of von Krafft-Ebing's work, and I submitted myself to you to gain your help, my condition had certainly reached its acme. The melancholy that ruled me had become complete tædium vitæ; the thought of suicide never left me, and often became a burden, it seemed so impossible to escape it. Nothing else came but the thought of how most quickly and painlessly, and with least disgrace, I could kill myself.

"In this state of mind there was complete indifference to everything; nothing interested or attracted me. I was intensely nervous, very irritable, moody, and incapable of resisting every emotion. Besides, there were migraine, sleeplessness, and the constant feeling of weariness. I masturbated daily, and was so excitable to my own sex that I sought intercourse with men every day. Often I had to use all my strength to control my eyes, which all too clearly betrayed my feelings. The thought of finding no love threw me into complete despair, and made me miserable physically and mentally.

"To-day, after three months, my condition is essentially better. The melancholia with tædium vitæ has disappeared; and if still sometimes, owing to the fact that I have very depressing business cares, I think, 'there is nothing for you but to die,' still, that does not ever last long; after a few moments I have new hope and do not consider myself lost. But formerly such states of mind lasted hours and days; yes, even weeks. Further, I owe it to your suggestions that I have again begun to write,—an occupation which I had entirely abandoned after the first reading of von Krafft-Ebing's book, exactly two years ago (August, 1888); to them I owe, thus, the re-awakening of my mental interest.

"I have entirely given up onanism and sexual intercourse with men. Above all, I am happy that I am now free from fancies of lascivious images,—that prostitution of thought which formerly was busy with nothing but ideas of unnatural congress, violation, etc.; such thoughts are entirely erased. The neurasthenic troubles are very much better; only once during my last journey did I have migraine. Antipyrin and valerian, which I took before the treatment, I no longer take. My power of resistance to my own sex has become so great that, though I could easily find opportunity for it, I neither seek nor miss sexual congress with my own sex. During three months, until this meeting, as you know, I performed coitus with women regularly weekly, which before, up to my thirtieth year, I had performed but three times. My pleasure in my own sex is by no means extinguished yet; but men do not charm to the extent they did. Now I should not desire to have intercourse with any man, unless a mental sympathy united us. Mere sensuality has lost its charm for me.

"For all this I thank you, Doctor, for I should never have known how to help myself; and, too, I have done many things, like sexual intercourse with women, only as a result of the inner impulse implanted in me by suggestion,—an impulse that was at first foreign, but irresistible, and which I obeyed in spite of myself. Both in thought and desire, however, I feel myself too much like a woman to feel fully drawn toward one and to deny my inmost nature.

"I remain, respectfully, A."

During December there was no hetero-sexual intercourse. Other-

wise his condition was satisfactory. From December 26, 1890, to January 4, 1891, the patient was with his lover in W., and reveled in the happiness of requited love. Sexual congress every night. A. returned filled with feelings of tenderest love, and thoroughly satisfied æsthetically. The months of January and February, on the whole, were marked with considerable progress.

During the first half of January, depression and complaint of coldness on the part of the lover, who seemed to be lazy about writing.

January 7th, the patient is made happy by postal card; great delight. The treatment was continued with regularity, as formerly. The patient grows quieter; his passionate feelings slowly change to those of friendship, and in the second half of January it is possible to induce him to indulge in hetero-sexual intercourse, which thenceforth is practiced regularly.

The patient again becomes as he was in November, and the intercurrent love-affair leaves no lasting impression. The development proceeds slowly, almost imperceptibly, in the hetero-sexual direction.

According to my notes, the patient performed coitus January 14th, 21st, 31st; February 3d, 10th, 14th, 17th, 21st, 24th, 28th; March 3d, 7th, 10th, 14th, 17th; April 7th, 11th, 14th, 17th, 21st, 25th, 29th; May 5th, 7th 12th, 16th, 19th, 21st, 26th, 30th. Erection usually induced by manipulation; seldom spontaneous.

At the end of January, in order to put to the test the psycho-sexual transformation that had been induced in A., during the carnival I allowed him to mask as a woman twice. In this costume he twice visited balls, but he no longer found the same pleasure in his *rôle* as formerly, and he was unable to react on this occasion to the solicitations and allurements which were not to be misunderstood. He felt cold; what formerly had given him the greatest sensual pleasure seemed to be dead. Too, his meeting with former companions, whose society he had avoided since October, made no impression on him. As far as I had occasion to observe him at one of these festivals, I may say that his retiring conduct was in contrast with that of other female maskers (notorious urnings). A. thus stood this test successfully.

Owing to his continued progress in improvement, after February the patient was hypnotized only once or twice a week. During this period (February) the patient once wrote me as follows:—

"To my great regret I could not come on Thursday on account of business. I have had the desired congress with a woman, and not once with dislike; indeed, I begin to have a greater sexual interest in women, so that on the occasions of sexual excitement my imagination is principally concerned with feminine forms."

About the end of March, a journey lasting two weeks, but without relapse. Under the influence of suggestion and hetero-sexual inter-

course, there is gradually developed complete inability to react homo-sexually, while, on the other hand, the relatively (as compared with intercourse with men) slight pleasure in coitus gradually increases in intensity, and inclination to perform coitus regularly is developed into a necessity.

In May, without special direction, he goes to women spontaneously, and is thoroughly convinced, both practically and theoretically, of the necessity to satisfy his sexual desire in hetero-sexual congress. The number of hypnotic sittings to which the patient was subjected up to the beginning of June was one hundred and eighteen. A.'s psycho-sexual transformation has thus lasted five months without relapse. His mental equilibrium is now (June) entirely restored. His interest in the female sex has not reached its acme, it is true, but its intensity has so much increased that the thought of sexual intercourse, awake or in dreams, is closely associated with the idea of woman. *Onanistic inclinations and painful erections have not occurred in six months.*

His physical health seldom gives any reason for complaint. His complexion, formerly altered by paint, is now brown and healthy. Now the patient does not dismiss the thought of marriage as formerly; but as yet a favorable opportunity has not presented itself to him, as to some others of my patients. The patient describes his own improvement in the following letter:—

"Munich, May 13, 1891. Honored Sir: In attempting, as you desire, to describe the results of your treatment thus far, I must first declare that already all has been attained that I originally hoped for as a result of hypnotic treatment. I masturbate no more and feel no desire to; the great depression which formerly tormented me has as good as disappeared; my mind is at rest and perfectly balanced. My feelings for my own sex have essentially changed; the love-relation of last winter has been as good as completely erased from my memory. Correspondence has ceased for two months, and the image of the man, whom I loved with true passion, comes before my mind still now and then; but his image there seems only as that of something dead and foreign to my inner self.

"To be sure, my pleasure in powerful, manly figures has remained unaltered; but it is no longer accompanied with the desire to possess the person pleasing me; rather with the thought, 'If I were only like you!' The thought of sexual relations with such a young man no longer meets with any response in me; it is as if it met a barrier. I begin to lose the understanding for such intercourse; men no longer excite me. Coitus with woman, made possible for me by your successful suggestive treatment, has become a habit; I perform it regularly; and even though the lustful pleasure I always feel in it is not so strong as that formerly experienced in intercourse with loved men, still it has increased in intensity, and the feeling of satisfaction has become greater.

"The lascivious fancies that formerly troubled me have disappeared; occasionally such ideas come up while awake and while dreaming; but they have changed; they no longer are of the sexual act of man with man, but of intercourse of man with woman; and if I myself am concerned in it, I take an active, not a passive, part. The feminine characteristics that still cling to me are very depressing and disturbing to my comfort; the more because I often doubt the possibility of a complete transformation of my nature. Adornment and toilettes interest me as much as ever. My appearance is shy, embarrassed, and timorous. Self-confidence is still wanting, and I fear I shall never attain what I admire so much in others,—namely, that certain tone of energy and decision so important to young men.

"I have become indifferent to my external appearance. Powder and paint, crayon and rouge I have long abandoned; but formerly, even on days when I was nearest despair, I always carefully made my toilet; the half-genuine, half-feigned *air fané*, *fardé*, *retapé* seemed to me indispensable to complete my personality. Under the influence of suggestion the physical troubles, painful erections at night, migraine, etc., have disappeared entirely; I feel fresh and healthy. After hypnotic sittings I have never felt any way but perfectly well. My interest in my business, as in my literary work, is re-awakened; the feeling of anxiety when alone has completely disappeared. I have begun to smoke. The pictures of celebrated urnings have disappeared from my walls to give place to those of a certain celebrated *comédienne*.

"To express in a word all that has thus far been attained, I may say that in sexual relations I feel neutral and healthy. Males no longer charm me; and though I begin to have interest in girls (which I never did formerly), still they do not excite me. Were I to choose between being a man or a woman, I should certainly choose to be a woman; and, believe me, I should be a good, virtuous wife.

"In gratitude and respect, A."

"Postscript: Doctor, please change 'large hands.' I wear 7¼ gloves, and that is not large; and my hands are perfectly white. No one has ever called my hands large. Please cut that out, will you not?"[1]

There cannot be the slightest doubt, from the foregoing details, that suggestion exercised the greatest influence in the psycho-sexual transformation and the mental and physical restoration of A. Should the patient continue in the same

[1] In the "status præsens" I wrote at first "large hands." When I read the history to the patient he protested against it, and repeated his very characteristic objection in his last letter.

course his defect will give little cause for relapse. It is also to be hoped that the effemination, which continues as before, will gradually undergo a transformation in the sense of a masculine and active-feeling personality, to which, however, the unalterable fixity of certain existent associations in the central nervous system will probably oppose a definite and impassable limit. But in this event the ultimate possibility of human knowledge and therapeutics will have been attained.

Additional Notes.—My absence from Munich for two months and a half—from June to September, 1891—brought about a pause in the treatment of the patient. During this time he had a relapse, though not in the strict sense of the word. Concerning this he wrote, on September 1st:—

"Simply from *ennui*, and in order to experience erection again, I went to the parks and got up some associations. It would be lying to say that it made me happy and that my heart was in it. Many times it wearied me. The tenderness of the men touched me, but this male intercourse did not charm me as of old."

Thus, not in obedience to his abnormal instinct, but merely to break the monotony of female intercourse, the patient sought out the places of former meetings. But, as we see, his attitude toward the homo-sexual acts was inwardly changed. He is undeceived, and only his pity for his partner induces him to continue the relations and not break them off abruptly. At the same time, we see that the patient is not yet able to get on without the moral influence of the physician. Otherwise he is devoid of moral defect, and this deficiency must be overcome by continued help.

Resumption of hypnotic treatment in the beginning of September. Interruption of the homo-sexual relations; normal sexual intercourse regularly once a week. During the eight months since the relapse the patient has not manifested his former inclinations in any way. He is still hypnotized once a week; very busy in his calling. His neurasthenic symptoms have entirely disappeared, and he makes no complaints. In some points his effemination seems to have weakened. He appears calm and earnest and in accord with his surroundings. Up to the present time there have been twenty-four hypnotic sittings (one hundred and twenty-four in all).

The patient continues under observation. In this case, in a degenerate individual, who has been under treatment one year and eight months, the result of treatment, in spite of the mental weakness, should be of great interest in the prognosis and treatment of similar severe cases.

Case 64. *Personal Observation. Contrary Sexual Instinct Treated in Seven Hypnotic Sittings without Success.*—W.,[1] aged 40; artist. His parents were healthy. Father passionate sexually, four times married. Patient had scarlet fever and typhoid in youth. Otherwise healthy. Asthma, due to corpulence. At the age of 7, he, like his brother, was taught onanism by one of his father's servants. Love of men in his thirteenth year. Neither at that time nor later did women make the slightest impression on him. Complete fiasco in attempt at coitus; no erection. During his school-days, mutual onanism and auto-masturbation. Repeatedly in love with young men aged from 18 to 22. W. regards his anomaly as congenital; feels unhappy. His last relation was with one of his scholars. He met with no return of affection and was tortured with jealousy. On the advice of a celebrated physician, who regarded abstinence as sufficient to induce recovery, he attempted to give up masturbation and homo-sexual love. But this made him only the more unhappy, and caused him to believe that happiness was impossible for him. The patient dreams but little; pollutions infrequent, though he masturbated two or three times daily. Formerly he liked to associate with ladies, attracted by their mental qualities, though, on the whole, he preferred the society of men. Of late he had become more retiring, out of fear of being discovered.

Patient looks upon a cure as his salvation. He applied to Professor von Krafft-Ebing, who persuaded him to try hypnosis with me.

The patient presented himself on August 19th.

He is of stately, manly appearance (has made two campaigns), and is devoid of degenerate signs. Pelvis and genitals masculine. Abundance of genital hair; no beard. Tone of voice feminine; dress elegant. Uses a fan to cool himself,—a thing he always carries. On the whole he makes an effeminate impression. Movements restless; gait weaving.

The patient is able to remain in Munich but six days more. I tell him that in so short a time no lasting impression can be made upon a trouble that has existed thirty years. Nevertheless he wishes to learn, by means of six sittings, whether he is amenable to suggestion.

August 19, 1890. First attempt. Slight symptoms of somnolence. The patient watches procedures with too close attention. Difficult for him to raise his eyelids. Auto-suggestive catalepsy interrupted voluntarily. The therapeutic commands are directed only to general health and disinclination to onanism.

August 20th. No inclination to masturbate in the first twenty-four hours. He slept remarkably well, which he ascribes to the treatment. To intensify the effect, to-day I have him look at a shining button for five minutes. Sleep-suggestion (Liébeault-Bernheim). No interruption

[1] Comp. von Krafft-Ebing, Neue Forschungen auf dem Gebiete der Psychopathia Sexualis, 2 Aufl., p. 116, Beob. 6 (Enke, Stuttgart, 1891).

of sleep by attempts at catalepsy. Patient sleeps for half an hour, snoring loudly. Suggestions: Repugnance for onanism; indifference for men; gradually awakening interest in women. After waking, patient says he has slept well.

August 21st. Mood somewhat brighter. No inclination to onanism, but no inclination for women. Procedure as on the 20th; fixation shorter. Suggestion to attempt coitus.

August 22d. Last night, though the patient dreamed of men, he did not masturbate in spite of erection. Yesterday he tried to make the acquaintance of a woman in the park, but he was not successful, and is much depressed by his failure.

August 23d. Procedure and suggestions as on the 21st. Energetic command to perform coitus.

August 24th. Yesterday he was able to overcome his shyness. He followed a prostitute to her house. Here he had to pass a room in which a man lay asleep. The doors were not locked. This accident at once awakened W.'s suspicions. He immediately lost courage, and departed frightened, without making any attempt. General condition good. Hypnotic procedures as usual.

August 25th. Last sitting. Certain success of an attempt at coitus promised. In spite of my request, W. has reported nothing further concerning his condition.

In the foregoing case, success after so short a period of treatment was not to be expected. Still, from the sittings it showed that W. was amenable to hypnosis and to suggestions of a sexual nature. In all probability essential improvement would have followed prolonged treatment.

Case 65. *Personal Observation. Acquired Contrary Sexual Instinct Improved in Seven Hypnotic Sittings.*—Mr. P., aged 25; official in a manufactory; brother of the subject of Case 62. (The diseases of other members of the family given there in detail.) Neuropathic taint. Early awakening of sexual instinct; onanism without teaching. At the age of 16 he visited brothels and enjoyed coitus, but he also satisfied himself with frequent masturbation. After his twentieth year, sexual excesses with prostitutes. Neurasthenia sexualis (weakness of erection, premature ejaculation). Relative impotence. Frequent onanism. In 1888 he fell in love with a man. With this his love of women disappeared. A second relation followed the first. Once he locked a soldier in a room, commanded him to undress, and to go to bed with him. His demand was immediately complied with. Mutual onanism. The patient abused many men in this way without actually falling in love. Threatening letters. Deep depression. Thoughts of suicide.

At the advice of his physician, the patient came to me in Munich, in May, 1889, to be treated hypnotically. Besides his perversion, the patient has suffered for more than a year with sleeplessness which has not yielded to medicines, headaches, and other neurasthenic complaints.

May 20th. First hypnotic attempt after the method of Bernheim. Slight lethargy. Suggestions: (*a*) Repugnance for onanism. (*b*) Disinclination for men. (*c*) Interest in the female sex. (*d*) Undisturbed deep sleep at night and subjective feeling of well-being.

May 21st. To-day suggestive catalepsy; hypotaxis; no amnesia after waking. Suggestions like those of yesterday.

May 22d. Last night the patient slept six hours undisturbed and without dreams, which he regards as a great blessing. Suggestions as yesterday. Diminution of homo-sexual inclinations, according to his statement.

May 23d. Five hours of sleep last night. No more inclinations to masturbate. Procedure and suggestions as on the 20th.

May 24th. Six hours of excellent sleep last night. He states that there is no more inclination for men. Procedure and suggestion as on the 20th. To-day the patient is given suggestions with reference to undertaking normal sexual intercourse.

May 26th. To my surprise, I received the following letter from the patient:—

"Dear Doctor: I beg you to allow me to inform you that I am cured of all my trouble to the best of my desires. There is no more sleeplessness. Toothache and armache have gone, and I shall easily overcome the rest, I am convinced. I have already entered into a love-affair. I am about to take a mountain trip to quiet and rest my nerves. Accept my best thanks for this recovery, which I shall never forget.

"Very respectfully, P."

The foregoing lines I answered by writing that I should be compelled to suspend treatment if circumstances made it impossible for him to remain longer in Munich, but that I could not agree with him in regarding temporary slight improvement as a cure.

The experience of the next year demonstrated the correctness of my opinion. In March, 1890, a relation of the family consulted me concerning a new relapse of the patient. I strongly advised a resumption and long continuance of hypnotic treatment. Since a prolonged stay in Munich was impossible, the patient decided, at my advice, to submit to treatment at the hands of Professor von Krafft-Ebing, in Vienna. The professor began hypnotic treatment April 8, 1890.

On April 14th the patient was able to report that "with gratitude and a kind of moral satisfaction" he had had coitus with enjoyment, but had ejaculated tardily.

The following report by letter to Professor von Krafft-Ebing, on October 20th, would indicate that the cure was permanent:—

"I am completely cured of onanism, and homo-sexual love no longer pleases me. Complete power does not seem to have been attained, though I lead a virtuous life. Nevertheless, I am satisfied."

In the spring of 1891 I learned that the patient had had relations with a girl in the country and had become a father.

In some respects the foregoing case is instructive. In the first place, like other cases here reported, it clearly shows that contrary sexual instinct is decidedly amenable to treatment by suggestion. Further, it illustrates how such patients may easily deceive themselves, and teaches that with reference to the time, number of sittings, repetition of the procedures, and continuance of observation after discharge, the treatment must be conducted in accordance with the severity and the development of the psycho-sexual anomaly. The results of the sexual relation, as shown in this case in the begetting of a child, which was contemplated neither by physician nor patient, show that sexual relations should be limited to prostitutes, and later to actual marriage, in spite of many opposing considerations. Since we are unable to keep such individuals from propagating descendants, the least danger to society, relatively, lies in allowing them sexual gratification in marriage,—especially when it is remembered that there is a possibility of properly educating and training the children of such parentage, in case they show hereditary taint. The physiological demand for satisfaction of the sexual instinct is usually stronger in man than the power of any moral knowledge; that is, the desired complete dependence of the sexual functions upon ethical ideas. Therefore we are forced to choose the lesser of two evils.

Case 66. *Personal Observation. Contrary Sexual Instinct Depending on a Congenital Neuropathic Constitution Cured in Two Hundred and Four Hypnotic Sittings. Period of Observation, One Year and Five Months.*—Mr. H. consulted me October 9, 1890. His father is a drinker (fatty heart). Mother healthy. An uncle is also subject to contrary sexual instinct. One brother neurasthenic and an onanist; another said to be healthy. Sister (aged 19) hysterical. Besides, several relatives on the father's side subject to pulmonary disease.

Patient, aged 24, born on the island K., near Australia. There he

had the diseases of childhood, and was brought to Europe when 8 years old and placed in school in S. During the time from his eighteenth to his twenty-first year the patient had a severe inflammation of the lungs and pleura and two attacks of rheumatism. H., a merchant by occupation, suffers with congestive attacks, frequent headaches, feelings of fatigue, depression, want of endurance and energy, and at times with absolute inability to work and tachycardia. These neurasthenic troubles have existed for years, and have been a hindrance to regular occupation.

Status præsens: Tall, slim, well-nourished. Face ruddy; the form of the cranium shows nothing remarkable. The measurements are :—

Horizontal circumference,	57 cm.
Posterior half-circumference,	24 cm.
Anterior half-circumference,	29 cm.
Vertex-line,	36 cm.
Antero-posterior line,	28 cm.
Chin-line,	31 cm.
Long diameter,	17 cm.
Broad diameter,	13 cm.
Diameter between the auditory meati,	12 cm.
Diameter between zygomatic processes,	11 cm.
Distance from auditory meatus to nasal spine,	12 cm.

Head nowhere sensitive to pressure. Pupil-reactions normal. Eyes have a neuropathic expression. No objective disturbance of sensation or motion. Neck remarkably long; tendency to struma. Chest flat. Breasts masculine in development. The physical examination of heart and lungs gives a negative result. Genitals well developed, large; abundance of genital hair. Prepuce easily retracted beyond the glans; skin well cared for,—delicate and fine. The facial type is not very manly,—rather boyish. Growth of hair on head abundant; slight moustache. Hair blonde. Tissues soft; abundant adipose; muscles fairly developed for age. On the whole, delicate, weak constitution. Position of the thighs straight.

MEASUREMENTS OF PELVIS.

Diameter at anterior superior spines,	21 cm.
Diameter at crests,	25 cm.
Diameter at tubera ischii,	8–9 cm.
Diameter at trochanters,	29 cm.
Diameter—external conjugate,	17 cm.

Form of pelvis asymmetrical; slight oblique distortion. On the left side the ilium and the trochanter are 1.5 centimetres higher than on the right. Voice baritone. Attire elegant, without exaggeration for effect.

Development of H.'s Homo-sexual Inclinations and Character.—The patient asserts that in his youth he developed in the direction of male-love. He was quiet and retiring; never had especial pleasure in boys' play, and was always joked about his girlishness. In his boyhood he preferred the society of girls, and when a child he was happy when he could see handsome men. All noisy and boisterous conduct he hated; on the other hand, he early showed a taste for female toilettes, fashions, and housework. He was always considered an excellent judge and adviser in matters of feminine dress.

At the age of 6, seduced to it by a playmate, he first had a thought to touch a companion's genitals, which gave him lustful feelings. Since then he has had sexual intercourse only with men. Immediately after hearing his history, I asked the patient whether the feminine inclinations appeared before or after the first occurrence of sexual excitement. He was not able to remember, but he had the impression that the manifestations of effemination, which were not very markedly developed, had resulted from his sexual perversion.

In this case, also, the influences of education were determinate in directing H.'s sexual inclination, predisposed as he was by heredity. From his thirteenth to his seventeenth year, while a student at a gymnasium, he gave himself passionately to solitary and mutual onanism, and it was always accompanied by fancies of homo-sexual content, though at that time he had no clear understanding of the sexual relations. A relation with a sailor, which lasted six months in the year 1883, to which H. alludes in his autobiography, which follows, gave him what he calls the happiest period of his life. He loves to see powerful forms, and quite frequently has erections at such a sight. Owing to his weak constitution he was not compelled to take gymnastics, and he avoided manly sports. As a rule, he does not dream, but he remembers that in sexual dreams, with pollutions, he always thought of handsome men. He does not seek to attract attention by striking attire; on the whole, he is modest, retiring, and of quiet disposition. His libido is not strongly developed.

He esteems the female sex, and likes to associate with ladies, but without ever being sexually excited by them; it was the same in his earliest youth. In the patient's ancestry no indications of an homo-sexual tendency can be discovered, which, according to Moll, would be decisive for the diagnosis of congenital contrary sexual instinct. The patient does not smoke or drink. Great love of art and the theatre.. H. is a fine singer. He has talent for languages. Gentle disposition, but irritable. On the whole, a simple, yielding character, somewhat shy. His education and reading gave him an understanding of his condition, though somewhat late. He regards himself as a step-child of nature, and is very unhappy and depressed because he sees his existence a failure,

owing to his powerlessness to overcome his abnormal impulse. His sexual desires are not so strong as in many other patients, but they are exclusively directed to the male sex. Patient has never performed coitus; hetero-sexual intercourse is inconceivable to him. Horror feminæ. He abhors pederasty; simply touching the genitals of his companion, mutual onanism, or simply embraces and kisses, induce ejaculation. Besides there are the neurasthenic troubles previously mentioned.

Autobiography.—"It may have been five years ago that I came to understand my condition through an article by Prof. von Krafft-Ebing. It was as if a bandage had been removed from my eyes; and the result was that I became quieter. Before that I seemed a criminal in my own eyes.

"As far as I can remember, the feelings in question occurred first in my sixth year. It was in K., in the society of a boy of our neighborhood, that I soon came into sexual relations, which consisted of mutual fondling of the genitals. About the same time there was a ship-carpenter working on our square, who was also given work on our place during his stay in the harbor. Since his appearance was very attractive to me, it was not long before I had an intense desire to touch his genitals. I hung around him, and one day expressed to him my desire, which he, of course, refused to fulfill. When I was 8 years old we made the journey to Germany, and we did not take the short way *via* America, but passed round South America in a sailing-vessel. The voyage lasted four months. Among the sailors I soon found a young man on whom in a short time I was entirely dependent. Whenever he was free I was by his side, but there were never improper relations.

"The first two years and a half in Germany we lived in S., and they passed without special event for me. We later moved to L. During the last summer of our stay there, owing to awakening intense sexual desire, I sought schoolmates who pleased me by their handsome appearance, and seduced them to mutual onanism. From this time until my seventeenth year I masturbated a great deal. I was especially led to it by the following circumstance: From the winter of 1880–81 we again lived in S., where I attended the gymnasium. After a short time our family physician caused me to be taken from school for a term, owing to the fact that the first signs of pulmonary weakness were shown at that time. Owing to the freedom which I now enjoyed, I soon came to yield more frequently to my inclinations. Since my mind was not given sufficient employment, I had plenty of time to spend in feeding my fancy on the images of the powerful, handsome men I saw. The unsatisfied longing for my beloved objects, whom I only saw afar, drove me to self-abuse for want of something better. During these years I had no intercourse with companions or men.

"At the wish of our physician I left the gymnasium, after having obtained the certificate absolving me from all but one year of military service, and began as an apprentice in a business in S. Since I had hard work, during the first year of my service I was not excited sexually.

"In 1883 I accidentally made the acquaintance of a sailor who, at the time, was making the so-called "short voyage," and therefore was much at home; that is, he often came to S. He was happily married and had four children. At first sight I was dead in love with the man, and I spared no pains to meet him as often as possible. We soon became intimate friends. I desired nothing more intensely than to be able to associate with him sexually, but I was too shy to speak of such a thing to him. One day he himself gave occasion for it by proposing onanism directly. From that time I passed months of happiness; for I felt more elastic and more capable of work. I can only explain the conduct of my friend by the fact that he was very strong and had a corresponding need of sexual satisfaction which he could not seek with his wife, owing to the necessities of a growing family. At any rate, he was in no sense male-loving. My intercourse with him was suddenly terminated by my falling ill with pneumonia and pleurisy, which were followed by two attacks of rheumatism, and I was confined to the bed seven months out of twelve. When I had recovered, my lover had been called away and I lost sight of him. Thereafter I was not able to make another friend like him with whom I had found satisfaction for my desires. A certain restraint, as well as the assumption that it was injurious to me, if I could not have natural feelings, to yield to my unnatural impulse, held me a little in check.

"Three years ago I became acquainted with a merchant, three years my senior, who is still unmarried. Since we held similar views on many subjects, the relation grew more and more intimate. On his part it seemed to me to be warm friendship; on my part, from affectionate attachment there was developed a love ready for any sacrifice. I sought to restrain myself, and succeeded. After our friendship had lasted a year I left S., and, after a trip of two months, reached N. with my brother. My stay there lasted eighteen months; and it is remarkable that I lived there very happily and undisturbed. This was due to the simple life of the town, the kind of food, and the nature of the society there. After having taken a position in S., in June of this year, it was soon very different. The quiet life was over. The work in the store was often very taxing, and during leisure hours more social demands than usual were made on me; and naturally, leading such a life, I was excited

than was well for me. As soon as I arrived in S., one of my first

friend previously mentioned. My feeling for him had

or was rather intensified. During the summer

evenings; and, since my passion constantly

increased, I once embraced and kissed him. Contrary to my expectations, he warmly returned my caresses. In this I had an ejaculation. After that I sought such opportunity as often as possible, and I lived in a happiness of requited love. When, however, I once sought to touch his genitals, he would not suffer it; and since then he has avoided being alone with me.

"This is the history of my errors. I longed to be freed from a condition that has so often placed me in the most painful positions, because toward men who were dear to me I felt unnatural love. I would learn to have warm, practical friendship. I will also mention that with my first lover, the sailor, I felt intense jealousy when I saw that he cast friendly glances on other women than his wife.

"Since my seventeenth year I have practiced onanism only very infrequently.

"It only remains to mention my position in relation to the female sex. As a school-boy I could not understand how my companions could run after girls. On all occasions I showed the girls that they were indifferent to me. Later, my companions visited public prostitutes. It was very unpleasant to me to think of what took place under such circumstances. Fortunately, I was never urged to accompany them. I like female society, and I have often been envied for being so fortunate. I can discover no special inclination in myself for feminine work, though I am considered a judge of feminine toilettes. I have always liked to dance, and I never cared whether the girl with whom I danced was pretty or not, as long as she danced well.

"From every sport of male youth I was kept by the anxious care of my parents or the family physician, in order to keep me from overexertion. When I had once passed the time of danger, and I could have devoted myself to rowing, etc., business did not allow me the necessary time. Naturally, my whole constitution is none too strong. Munich, October 21, 1890."

Treatment.—At the wish of the patient and his relatives, I undertook, with the help of hypnotic suggestion, to free him from his pathological feelings. I felt myself justified in giving a relatively favorable prognosis, in case the patient would submit systematically to a course of treatment that would be wearisome and require much time. In this case the principal aims of treatment seemed to me to be the following: 1. To combat homo-sexual feelings. 2. To induce hetero-sexual feelings. 3. To bring about a lasting systematic hetero-sexual relation. 4. To bring about engagement and marriage; that is, to insure him against relapse by placing him under appropriate external conditions. Another part of the task was to overcome the neurasthenic troubles.

October 20, 1890. First attempt at hypnosis by Bernheim's method. In scarcely two minutes H. became somnolent; complete hypotaxis.

Suggestive catalepsy and suggestive contracture. Analgesia. Suggestions: (*a*) indifference to men; (*b*) gradual awakening of interest in women; (*c*) physical well-being.

After waking, feeling perfectly well; pleasant mood; no amnesia.

October 21st. Patient comes with headache. Repetition of the procedure and the suggestions of yesterday; besides, removal of headache by suggestion. Again hypotaxis. No headache after awaking.

October 22d. The patient reports that he feels more capable of resistance and less helpless toward men; besides that he notices, to his astonishment, an interest in women, though it is only mental.

On October 23d, 24th, and 25th, repetition of the same suggestions.

October 26th. For the coming night an erotic dream of women is suggested.

October 27th. The patient reports joyfully that the dream was fulfilled, and that in the dream he experienced a sexual inclination toward women, connected with lustful feelings.

On October 28th and 29th, besides the suggestions of October 20th, the awakening of sexual feelings at the sight of women is suggested for the 28th, and an attempt at coitus and success in it for the 29th.

October 30th. On October 28th horror feminæ was still so great that he had nausea when about to visit a brothel with his brother. He could not conquer himself, and turned back. On October 29th, after energetic repetition of the previous suggestions, the patient was able, in spite of great excitement, to visit a brothel. The first meeting with a woman was without success. Nausea; intense repugnance; impossibility of erection in spite of mechanical stimulation of the organ by manipulations. Patient, who is much depressed by his failure, is quieted by suggestion. Suggestive treatment as on the 20th.

October 31st. In hypnosis, removal by suggestion of dull head, want of appetite, and nausea. Repetition of the usual procedure.

November 1st. The patient reports that inwardly he feels as if "cut off" from the male sex; he feels the loss of something. Treatment as usual.

November 3d. Prepared by suggestion, H. visits a prostitute today. In spite of energetic stimulation by manipulation and the help of imagination (thought of male forms), erection was impossible; complete failure. Sexual desire of both kinds seems to be destroyed.

On November 4th, 5th, 6th, 7th, and 8th, in spite of the want of success thus far, success in coitus, in connection with the usual suggestions, is daily suggested. On the night of November 4th, lascivious dream of male forms without pollution. On the 7th and 8th H. visited a dance-hall, without, however, taking one of the girls.

November 8th. A new attempt in a brothel for the 8th or 9th is

suggested; and quiet, power to overcome shyness, and complete success are always suggested. Suggestion: "Erection, to your astonishment and without any act on your part, will suddenly occur."

The patient states that November 9th was the most terrible day of his treatment. On the morning of this Sunday he found himself excited. Great depression. Thoughts of suicide. He thinks his life a failure. He thinks himself impotent, the more because after three weeks of treatment there is no noticeable progress. On the night of the 8th he had not the courage to carry out the plan. In order to weaken to some extent the opposing ideas and feelings, this evening H. prepared himself by taking alcohol (beer, etc.), and about 10 o'clock he repaired to the brothel. After he had been with the puella alone for about twenty minutes without the occurrence of erection with the help of manipulations, to the patient's astonishment, erection occurred spontaneously. Coitus was performed with lustful pleasure. Of course, the latter was not to be compared in intensity with that of male intercourse; but H. is delighted by his success, and finds pleasure in hetero-sexual congress.

On November 10th, 11th, and 12th the treatment was continued with the earlier suggestions.

On the night of November 11th the patient dreamed he was in a brothel, had a powerful erection (actual), and attempted coitus, but was always kept from it by external circumstances (noise, slamming of doors, etc.), which made him very angry.

November 12th. Suggestions: Performance of coitus to-day; increasing hetero-sexual libido; intense lustful feeling.

November 13th. Last night, without preparation by alcohol, the patient performed coitus; spontaneous erection; more intense lustful feeling.

On the 9th and 13th the victory over the patient's homo-sexual feeling was decided; the most difficult part of the task, namely, the induction of hetero-sexual feeling, was performed. With this the patient passes into the stage of psychical hermaphroditism; the promotion and fixation of the hetero-sexual way of feeling, which, in comparison with the natural inversion of patient, is still weak, form the second object. Strengthening of his feelings by suggestive influence and systematic hetero-sexual congress should be continued till the predominance of normal sexual feeling is complete, and can no longer be touched by even intense homo-sexual stimulus. The patient is now treated with hypnotic suggestions in the manner outlined; as a rule, he passes only into the stage of hypotaxis, never into somnambulism.

November 16th and 19th, successful coitus.

November 22d. Coitus does not succeed, in spite of all efforts; but during the attempt violent headache occurs, which continues to the 24th, and is removed by suggestion.

November 24th. Repetition of sexual congress, as a result of suggestion. The first attempt on this evening is a failure, the second a success.

November 26th. Coitus successful, but immediately after it nausea and tendency to syncope. The patient still has erections at the sight of powerful men, but much less frequently, and only episodically. Every instance of this kind is conscientiously confessed.

November 30th. Premature ejaculation with insufficient erection. Depression.

December 2d. The same as on November 30th.

December 6th. Complete success in the sexual act.

December 10th. Coitus successful; slow progress. There is still always a certain inclination toward the male sex.

December 15th. To-day the patient is very well satisfied with the success of his sexual congress with a prostitute yesterday.

December 22d. Congress with a very passionate woman. Good success. But the patient prefers women of a quiet temperament. In the hypnotic sittings during December it is daily suggested to the patient that he become engaged to a grand and attractive young lady. This marriage is the secret wish of both families. The patient left on December 22d, to be absent several weeks, with the intention to become engaged immediately.

The results of the fifty-two suggestions are: (*a*) the establishment of a regulated hetero-sexual relation based on artificially induced feelings; (*b*) the progressive diminution of homo-sexual feelings; (*c*) the removel of former physical troubles; (*d*) the determination to become engaged. Several days before the patient's departure I requested him to give me a written statement of the changes that had taken place in him. This important addition to my observations follows.

Report of the Patient on the Course of Treatment, December 17, 1890.—"After having been under Dr. Schrenck's treatment for two months, I may report as follows concerning the result:—

"Led by constantly repeated and appropriate suggestion, I overcame my repugnance for sexual congress with women so that I undertook to indulge in regulated intercourse. I progressed gradually until, as a result of habit and a slowly progressing, but unmistakable, change of feeling, the act of coition was more and more perfectly performed. Simultaneously with this change I felt a barrier raised between my present and my former life. I have the sure hope that my love of men will grow less and less, and that I shall soon be free from it.

"Formerly I felt an actual repugnance for sexual co
woman; I thought it impossible for me to perform
Without suggestion I should never have had the co
woman. No wonder that the first attempts in

were not successful (want of erection) and that I was nauseated. Besides I also was depressed and melancholic, and had suicidal thoughts. I thought my life a failure, and was very unhappy. First, the suggestive treatment was successful in overcoming the terrible excitement which came on me whenever I attempted to perform the act, as well as the feeling of repugnance and nausea. As if following an inner impulse, and without its costing any effort of late, I have made two attempts at intercourse weekly. While at first erection was entirely wanting, or occurred only after manipulation, later it occurred spontaneously as a product of sensual excitement. And while at first sexual congress gave me but slight pleasure, during the later weeks lustful feelings and general sexual excitement became so intense that I think I reached the acme of physical pleasure possible for a normal man; at least, as far as it is possible, without æsthetic basis, with a prostitute. My depressed moods have entirely disappeared; I am hopeful of the future, and I now think myself capable of all there is demanded of a man. I am, therefore, determined to become engaged in a few weeks.

"As far as my inclinations toward men are concerned, I have neither a tendency to lascivious dreams nor to onanism. While before the treatment they came to me, since the first day of treatment I have had nothing to complain of in that respect. My previous intense excitability to men has given place to a degree of indifference and power of resistance which formerly seemed impossible to me, and which seemed to increase with the feeling of satisfaction in hetero-sexual congress. Still, I am not free from such tendencies; for a few weeks ago, to my astonishment, I discovered myself with an erection at the sight of an attractive man. On the whole, however, an inner transformation has taken place in me; and I am fully convinced that in the regulated sexual relations of marriage the last remnants of my fatal malady will be eradicated.

"As for the suggestive treatment in other respects, I can only assert that upon other temporary physical ailments (feeling of nausea, headache) it always had a sure effect. I always felt *very* well after hypnosis; my general feeling, mood, etc., have improved as far as it was possible for them to improve. Munich December 17, 1890."

During the course of treatment the neurasthenic complaints, which to a certain extent depended upon the sexual condition of the patient, diminished. Dietetic rules, regulation of occupation, and cold rubbing completed the physical treatment of the patient. In avoiding overexertion and excesses, such as was practiced by him, against medical advice, during the carnival, the patient kept well. Headache, rheumatic symptoms, and feelings of dizziness were always removed by suggestion when other means were ineffectual. During the course of treatment the patient became able to resume his business; physical complaints

became less frequent; and though symptoms now sometimes occur (end of May), they are always due to overexertion in business. Sometimes the patient is kept on his feet all day.

New Year's, 1891, I was pleased to learn of H.'s engagement. His letter ran as follows:—

"January 2, 1891. Dear Doctor: I have the pleasure to inform you of my engagement, though, owing to my *fiancée's* youth, it has not yet been announced. I joyfully hope that this marriage will bring me complete happiness, and that, in a way, it may be regarded as a conclusion of your treatment; for, in marriage, the last traces of my malady will certainly disappear.

"That I am able to enjoy the happiness of marriage I owe to you, and I shall never forget it.

"Always gratefully, H."

At my request the patient enlarged his letter by sending me the following report:—

"The feelings which attach me to my *fiancée* are of an entirely different nature—deeper and purer—from those feelings which were formerly excited in me by persons of my own sex. I think I shall find a happiness which before seemed impossible, and which I have never known before. Too, the inner bond that holds me differs from the relations of a more sexual nature that thus far I have had with females as a result of suggestion, in that I now feel entirely satisfied æsthetically; and thus a previous want has been supplied. I think it impossible that impulses like the former ones will ever gain the upper hand. I feel cold indifference for the male sex. I think I am cured; and it only remains to make the present undoubted result permanent, in order to lay the foundation of my life's happiness. Formerly, I should never have thought this transformation possible, and I never should have been strong enough to part so completely with the past. I also think it would have been impossible to have produced such a result by merely moral treatment in the waking state. All efforts of this kind, all ideas, either from others or myself, were absolutely powerless against my impulse. This brilliant result, in my opinion, is only to be ascribed to continuous treatment with hypnotic suggestion. I owe to you and to it the happiness of my life, and I close with the wish that many others may be helped as I have been, by the same means."

In order to fully develop the patient's hetero-sexual instinct, and to make it permanent, after his return, H. was treated in the months of January and February, and until March 10, 1891, with hypnotic sittings almost daily. During this period he performed coitus about thrice a week as directed. In spite of slight episodical variations in mental equilibrium, the hetero-sexual development slowly progressed. Pause in the treatment from January 17th to 28th on account of catarrh.

As my note-book shows, the patient performed coitus on January 7th, 10th, 14th, 17th, 28th, 31st; on February 3d, 6th, (12th), 13th, 16th, 21st, 26th, 28th; on March 3d, 6th, 9th, 15th, 18th, 22d, 25th (29th), and during April and May usually twice a week.

On February 12th and March 29th the attempts at coitus were failures; possibly because the patient felt very weary physically, for the better he feels physically the more easily he can perform coitus. On some days erection occurred only after mechanical stimulation by manipulation; sometimes ejaculation was tardy. Gradually a need was developed for normal indulgence. The intensity of lustful feeling increased so that on one occasion he performed the act twice in succession. After the act there was great physical buoyancy, as well as quiet, dreamless sleep. During the days following it, no sexual desire, feeling of perfect health, inner satisfaction, and want of reaction to homo-sexual charms. Since March 10th the patient has been employed in Munich, working hard in an office from morning till evening. Sometimes he is greatly exhausted in the sexual act at night on account of his hard work during the day. After that date I hypnotized him only once every week or two. At the end of May H. had had one hundred and fourteen sittings. As long as H. has normal congress with automatic regularity twice a week, he feels happy and like a healthy man, and is not reminded of his contrary natural disposition. If this condition become stable, which, after marriage, it probably will do, the patient may then be regarded as relatively cured. If, owing to circumstances, pauses in sexual indulgence of a week or longer occur, sexual impulses for men episodically appear.

Thus, on May 16th, the patient reported that at the end of the week, after a pause of eight days, homo-sexual impulses occurred in a way painful to him, in the form of an erection at the sight of a male associate.

During the night following this he dreamed that a man sought to force him to homo-sexual congress against his will and in spite of violent resistance. He experienced an intense feeling of disgust and repugnance for this kind of indulgence. In spite of his resistance the man succeeded in embracing him, but without touching his genitals. This dream was sufficient to induce pollution. The next morning there was great moral distress. The same day the patient visited a prostitute, and performed coitus twice to restore his peace of mind, and was thus successful.

Moreover, this psycho-sexual relapse, if it may be called such, for which he blames himself, is the only one in the last four months. It clearly illustrates the necessity of systematic sexual congress. But it also shows, in the resistance of the dream, the association, artificially created by suggestion and sexual intercourse, seeks to declare its independence in the struggle against the homo-sexual memory-pictures, still

relatively the stronger, which arose from the natural disposition, and were strengthened by habit. With the further development of the new hetero-sexual impulse, the patient's improvement progresses step by step; but the development depends entirely upon the nutriment afforded by the original cerebral condition. Sense-perceptions, ideas, and activity of the imagination must be made to influence the lustful feeling as much as possible. This hetero-sexual mechanism must be kept in systematic activity, if the impulse is to become strong enough to obviate the opposing ideas of an homo-sexual nature, which are constitutionally conditioned (?), and manifest themselves imperatively.

If, in this stage of psycho-sexual hermaphroditism, the increase of libido in relation to females signify a decided diminution of homo-sexual feeling, then it must be the object of the patient and physician to avoid most carefully every stimulus to contrary sexual feeling (cessation of intercourse with males, etc.), in order that atrophy from inactivity may take place in time. As soon as it has shrunken in this way, for want of exercise, to a rudiment which is noticeable only occasionally, but no longer gives rise to disturbance or is felt as abnormal, the product of artificial cultivation has compensated the natural fault. This condition may be regarded as a relative cure.

Conclusion.—During the months of July and August, 1891, it was necessary to discontinue treatment. During July the patient was kept in bed several weeks by an intestinal malady, and this caused a longer interruption of sexual indulgence. On this occasion ejaculation occurred twice spontaneously when a sympathetic friend was feeling his pulse. Sexual hyperæsthesia, due to abstinence; *faute de mieux*, the unsatisfied impulse took its old direction. The patient was very unhappy about this, and lost all hope of cure. September 12th the treatment was resumed, and bromides were simultaneously used for some weeks. From that time H. was treated in ninety sittings (two hundred and four in all); and at the present time he is hypnotized once a week at his desire as a prophylactic. For several months his sexual life has been entirely regular. Coitus once or twice a week; no homo-sexual impulse has been manifested in that time. At the beginning of this period erections occurred irregularly, but they gradually came spontaneously and promptly, with hetero-sexual thoughts as well as in sexual congress. His interest is entirely directed to women; indeed, he has developed a distinct taste, and likes to change the object of his attentions from time to time. Now, as formerly, he is in active correspondence with his *fiancée*, and is attracted to her by real love.

Since in the last seven months the former perversion of desire has not expressed itself in any way, and whereas the sexual life is fully regulated, the patient may be regarded as cured. The time of observation was one year and five months.

Case 67. *Personal Observation. Active Contrary Sexual Instinct with Imperative Ideas, Dependent on Neuropathic Predisposition; Exhibition, Algolagny, and Impulsive Onanism. Essentially Improved in Twenty Sittings. Period of Observation, Two Months.*—J., aged 27; scholar. Mother has religious insanity (in asylum); father healthy. Of eight children, two died soon after birth; one brother died by suicide in his sixteenth year, another is shy and moody. The sixth brother is weak-minded; the seventh is married, father of a family, and healthy. In the family of the patient's father there is said to have been weak-minded members. The average intelligence of ancestors on the mother's side is said to be higher than on the father's side.

In his youth the patient had measles, but no other diseases. Right inguinal hernia. The patient describes his first sexual manifestations as follows:—

"I have no recollection of any sexual excitement before my thirteenth year; my sexual desire lay completely dormant, though, from expressions of my companions and certain passages in the Old Testament, I knew quite fully the nature of coitus; but of ejaculation I knew nothing. Otherwise it should be noted that I was very precocious mentally, but very weak physically, and read everything at the age of 9; so that books were kept away from me. Until my ninth year I was irritable, peevish, and a perfect recluse. From that time, with more rapid physical development, I gradually developed a taste for boys' play, and soon I became the leader in all mischief—what my aunts called a bad boy.

"At the age of 14, in climbing, by pressure of the thighs, I learned onanism, and I have since then practiced it until a week ago,—now frequently, now seldom. The sight of semen completed my knowledge of the sexual process, and my imagination was often busy with thoughts of coitus; and from the beginning only the *rôle* of the man interested me. Here I must remark that from the day of my entrance into the Latin school handsome fellow-pupils attracted me; and I entered into closer friendship with them than with others by preference, provided that their character was pleasing to me. And even yet handsome men can interest me for long only when their character is sympathetic for me; otherwise sensual excitement caused by the handsomest man is immediately extinguished.

"Now dreams of large, handsome men began; and I loved to follow such persons in the street, to be able to look at them as long as possible. If such a man spoke to me, blackness came before my eyes and I returned shy and foolish answers. At that time it was my greatest enjoyment to see a man naked or in the act of coitus. When my companions began to court the school-girls, it seemed to me strange and tiresome; but, since it was the fashion, I also once undertook it; but when I once realized that I knew not in the least how to proceed, I was

greatly frightened. Besides, in spite of onanism and dreams with pollutions, I was not much influenced by sexual feelings, and therefore continued to be the best scholar in the class until I reached the second form. I was loved by my fellow-students; always ready for mischief and nonsense."

The patient's autobiography, which I here interrupt, gave me but an unsatisfactory explanation of the origin of his homo-sexuality; from this description and its continuation, one might be tempted to believe in the original cerebral constitution, in a greatly-tainted individual, as being the cause of the contrary sexual instinct. Repeated careful questioning, after three days, led to the result that several other accidental influences, which he had regarded as of little moment, occurred to him, and gave me the key to a psychological understanding of his case.

At the age of 4 or 5 the patient once went walking with his father. The father drew near to a tree to urinate, and with childish astonishment the boy looked at his father's penis. A sounding box on the ear disturbed his spying. He was not conscious of doing anything wrong, and for years he was busy with the thought of why he should have had this punishment. His interest in the male genitals, which seemed to him forbidden fruit, was artificially first aroused by the punishment. As soon as he had opportunity, he looked at male genitals, which, since the box on his ear, had played an important part in his imagination. He remembered regarding the picture of "Apollo pursuing Daphne" in a gallery, because Apollo was figured with an erected penis. From the original interest in male genitals there was secondarily developed an interest in male nudity, statues, etc. The following important event, and which was also later recalled, completes the etiology of the patient's sexual perversion. At the time of his first onanistic manipulations, in his thirteenth year, he slept in a room with a friend. The desire to see male genitals was shown in the case of this companion, and the patient's rest was disturbed by it. At 4 in the morning, while his room-mate was still in deep sleep, the patient got up, approached his bed, and lightly raised the covers and his friend's shirt. In great sexual excitement he looked at his genitals. Then he returned to bed and masturbated while his imagination was busy with the image of his naked companion and his genitals. He thought of how his friend might perform coitus, without thinking of the part of the female.

As we see, external circumstances of intense effect on a childish mind induced the lively fancy of the male member, which, by further experience and accompanying onanistic acts, finally become imperative. All other symptoms which completed the condition of contrary sexuality are of a secondary

nature. The hereditary taint explains the intense excitability of the patient, and his final inability to resist the manifestations which were developed from the experiences enumerated. The undifferentiated sexual feeling, therefore, was made pathological and inverted by accidental influences and the accompanying reflex effect of onanistic habits. But the autobiographical statements of the patient are so made that from them alone one would be forced to regard his abnormality as congenital; the more because the patient wrote them while still under the influence of reading von Krafft-Ebing's "Psychopathia Sexualis."

After this digression, necessary for an understanding of this case, and so instructive in its bearing upon the examination of urnings, we may return to the history of the case. In his autobiography the patient continues:—

"While I was not yet 17 two friends persuaded me to take a trip to M., where the nearest brothel was. I had not the slightest desire for the thing; but I went to avoid hanging back. Before going I drank to gain courage. The woman excited my repugnance by her hanging breasts. I had no erection at all, and only after prolonged manipulation by the woman was I able to perform coitus, and that without the slightest feeling of pleasure After the act I slipped away; and while the others could not say enough in describing the pleasure they had had, I remained silent, irritable, and ashamed. I now thought myself impotent as a result of my onanism, and I sought to repair this defect by temporary abstinence; but renewed attempts resulted in similar fiascoes, and in despair I returned to onanism. Continued onanistic excitement gradually induced a weakness of my mental powers and my energy. I could no longer take the first place. The teacher reproached me with want of ambition, and, since I was threatened with imprisonment and the *consilium abeundi* for joining a student society and for taking part in various drinking parties, my place in the esteem of the teachers was lost. Still, in mathematics, in which I was about the best, I always took one of the first places, and I passed a respectable final examination. In the fall of 1885 I went to the university. Here, during the first years, I led a pleasant life. Now and then I visited prostitutes, but always with the same lack of success; so that at last I abandoned the matter entirely. Originally light-hearted, now my thoughts began to be directed to my peculiar sexual disposition, for in time it struck me that my lascivious dreams were so often of men and so very seldom of women, and that in pictures and statues male nudity excited me, while female nudity left me cold. I accidentally read the statement in a book that, æsthetically, the

male body, and especially the male genitals, were more beautiful than the female, and I comforted myself with the thought that my æsthetic feeling was finer than that of my friends, who merely ridiculed me for my assertion. In the same way I explained to myself the fact that certain ones of my friends who were especially handsome and well formed, and of amiable character and sympathetic, gave me, at the merest contact, an inexplicable feeling of pleasure (no erections,—of which, perhaps as a result of long-continued onanism, I was incapable,—but a thrill through my nerves). At that time, in my innocent and happy moods, I loved to place my arm around my friend's neck or waist, or I stroked his hair, which led him to joke me about being a pederast. When it was said "G. (my name among friends) has pederastic inclinations again," I laughed with the rest, and was not in the least irritated. I had not the remotest idea that I had anything in common with pederasts, who, to me, were a kind of fiction, and even up to a year ago I joined in the ridicule about the '*spinalstecher*.' I had a repugnance for these persons; and still to-day, though I understand my condition, I cannot free myself from this feeling; and this is not the least of the reasons why I feel my perversion as painful.

"I now come to the last and most important phase of my condition, in that it finally gave me the desired understanding of it; it took place during this year. One after another of my friends left the high-school, to my great distress, for I am dependent on them, and still correspond with them all. Only one remained, the one I loved best, my friend A., who has obtained a situation here. He is a thick-set, strongly-built man, with a remarkably handsome face of pure German type, and a complexion uniformly ruddy and healthy; his temperament is joyous and sunny, and he is an example of truthfulness and frankness, with a determined, manly bearing,—all characteristics which irresistibly attract me.

"We were always on the best of terms, and now when we were thrown so much together we became more closely attached to each other. Last winter circumstances made it necessary for him to live in my room for weeks at a time. After a week I could not live without him. At 6 in the evening he would come home, where I awaited him with impatience. At 8 or 9 or 10 o'clock in the evening we were accustomed to go out; until that time he worked and I studied or read. If he had had enough work he would stretch out on the sofa, and I then always felt forced to look at his genitals, which, owing to the tight trousers he wore, were often clearly visible. It was strange that for a long time I did not experience this degree of sensual excitement when I saw his genitals exposed, as I often did; for at first, in his innocence, he made no attempt to conceal them while dressing and undressing. Since, in his jolly way, he was always accustomed to joke, one evening we had

a sham fight. He bolted away and threw himself on my bed; I followed him, grabbed him by the neck, and choked him hard. In this act I came on top of him,—abdomen to abdomen,—and suddenly I had a powerful erection, which was quickly followed by an ejaculation. I had never felt such intense lustful pleasure, and I was never so joyous and light-hearted as when we went out to a restaurant immediately after. From this time I used every opportunity to strike him on the thighs and nates, or to stroke his hair; but, when I noticed that these things were annoying to him, I got out of the habit. Evenings I began to set him on for a fight, and, since he was much stronger than I, I had to exert myself, and I had thus an excuse for hugging him tightly, which always soon induced ejaculation. This continued for eight or ten evenings. If he were not disposed to tussle, I became cross. Otherwise I was jolly and much more industrious than usual. It was a delight to me to live. Then, unfortunately, I once allowed myself to grasp his genitals while embracing him. How I came to do it I do not know; for, with the exception of this one instance, I have never in my whole life attempted this or allowed it done to me. Now, my secret joys were over. He became angry and scolded me, and I felt as if I had been given a sound box on the ear for a low act. In a state of the most terrible depression I told him the whole truth, and begged him to believe that I was not a pederast, and that I did not even understand myself. As well as he could he comforted me and advised me to visit a girl, but I did not do it. We remained the same good friends, and no allusion was ever made to the incident; indeed, after this we spoke of sexual matters only with reserve.

"But his innocent manner was ended; he suffered but unwillingly even the most innocent touch, and he was anxiously careful to conceal his genitals from me. But in this way he only increased my desire to see them to an insane longing. When at night I lay sleepless in bed listening to his breathing, I suffered terribly. Once I could no longer restrain myself, and went to his bed to touch him. But while standing at his bed, trembling and panting with excitement, the former scene came back to me, and I saw that I was about to commit a much lower, because a secret, act on him while sleeping, and that, were he to awake, it would cost me his friendship forever. The loss of his respect would have cost me my life. I quietly went back to my bed.

"I once dared him to undress entirely before me. Strange to say, I had never seen him naked (on account of his under-garments). His answer was short and to the point: 'I do not respond to such silly dares.' And he was right. The next month we had separate rooms.

"The last year, I think, has done more to destroy my nerves than all the previous ones together. At least, in previous years I was spontaneously light-hearted; but now I require stimulants, of which I know two,—the jollity of my friend and alcoholics.

"My mood was that of a wasted existence. Impulse unsatisfied; great moodiness. No man ever had more to suffer than my loved friend had in my whims. I suffered unspeakably with this unsatisfied desire, and was petulant in his presence. And yet, in quiet moments, I had to thank him for his reserve and strengthen him in it. But this did not keep me from at last becoming jealous when he for a long time became very friendly with a man who was very unattractive to me; and I could scarcely meet him without finding the hated man with him. I should have preferred to have him entirely to myself, and I became irritated when he spoke of other friends whom I had never seen in my life. On the other hand, it did not excite me in the least when he went to have sexual congress or to court a girl; rather, I noticed with proud joy the advances that were made to him everywhere, and where possible I helped him in this. All my unpleasant moods he bore with great patience, and willingly forgave me in view of my unlimited sacrifice and friendship. Thus we parted as dearest friends. Had I discovered any unpleasant side of his character,—critical judgment necessary for such a thing was not wanting to me even in the warmest love,—my sexual feeling for him would have been quickly extinguished.

"But my love for him became more and more ideal, like the best type of friendship; and I thank his determined energy that it saved my weak will from the greatest errors.

"Accident determined that on the day following his departure von Krafft-Ebing's book should fall into my hands. Now I first saw clearly my condition. My determination was soon made. I congratulate myself that you live here in Munich, Doctor. I feel as if I had been rescued from an abyss; and since the two days during which I have had the honor to be your patient, I feel free from sexual desires and much more light-hearted.

"After this general description of my sexual development, it remains to give a few points in more detail.

"1. *Sexual Inclinations.*—My desires are never directed to boys or young persons, but always to men from 28 to 50 years of age, but they must have beards. They may be large and with full beards, or solidly built and with moustaches. In general I prefer blondes (but not flax-blondes). An indispensable condition, however, is a pleasant, manly character. Everything feminine is unattractive to me.

"The following incident may be considered characteristic of this: During my first semester, at a ball I made the acquaintance of a gentleman with whom during the evening I became very confiding. During each interval between the dances he sat by my side, and I conversed with him in a lively and natural way; for he impressed me as being very amiable, fine-mannered, and devoid of affectation. He seemed very grateful for my attention. When going home he expressed a desire to

walk along with me. This seemed overdoing the matter, for I am not at all of a timorous nature. At the door, when I was about to open it, and with words of thanks put out my hand to him, he suddenly seized me, embraced me violently, and grasped my genitals. Surprised, I pushed him away and asked him if he were crazy. He stammered a few words and hurried away. I have never seen him since. I did not feel the slightest excitement, though this may have been due to the alcoholics I had taken.

"In addition, I have one thing to mention concerning the manner of satisfaction as I conceive it. According to my experience, simple contact is sufficient; but still, I should prefer to kiss my lover and grasp his penis and scrotum. I think I could easily go on to coitus inter femora and masturbation of the other. To have onanism practiced upon me is not desired. I should like coitus inter femora by men who attract me sexually, but whom I do not love; but with my friend, whom I really love, I can think of myself only in the female *rôle*. Never, however, should I allow immissio penis in anum or in os, neither actively nor passively. In sexual relations I am thus usually active.

"2. *My attitude toward the female sex* is absolutely indifferent. I neither seek nor avoid women. With educated ladies I am for the most part embarrassed,—a thing which, in association with men, happens only under unusual circumstances. With young, refined girls, whom I would gladly court, this embarrassment is still greater; but to court them I now feel less capable than ever. With girls of low position, toward whom I have a feeling of social superiority, or with those already engaged, the sexual element is wanting, and I can be friendly and entertaining, and I am much esteemed by them. The sight of female beauty excites my æsthetic interest. If there be associated with it an amiable character and genuine maidenly conduct, I am able to regard such a person for minutes at a time; but an erection would be impossible. All touching of female breasts and limbs, which I have often enough practiced with prostitutes in the hope of finally feeling sexual excitement, has been without avail.

"Coitus is possible after manipulation by the woman; ejaculation occurs as a result of mechanical rubbing of the penis in the vagina; I cannot value the whole act of coitus as equal to that of onanism, which, sadly enough, is indulged in in case of necessity. Moreover, I have not attempted coitus in four years, at least. The manner in which it is necessary for me to force myself to it embarrasses me, and its performance fatigues me very much.

"Twice I have come into close contact with the female sex. At the age of 17 I made the acquaintance of a pretty girl, whom I might have possessed. *Rendezvous* at a garden. Kisses and fondling of the breasts. No erection or sexual approaches. At a ball, great jealousy

of a comrade she preferred; but I think it was a feeling of injured pride.

"On the second occasion the object of my attentions was a baker's daughter, whom I learned to know at a church-festival; but all at once she began to take hold of me, and I was so frightened that I made my escape.

"3. *My dream-life* offers but little noteworthy. I dream almost exclusively of men; very seldom of women. It is peculiar that, at least as far as I can remember, I have never dreamed of myself in ideal sexual intercourse with a man; but men come before my eyes like a *fata morgana*, do some indifferent act, and again disappear. They are either nude or they have their trousers open and the penis is erect, but often not. In the same way, I cannot conceive myself as in the act of coitus with women, but they appear to me nude, with firm, round breasts, and wandering about in a garden. The breasts always please me more than the genitals, which interest me but little.

"When I was 10 years old I once saw a woman with large breasts and repulsive, long nipples, nursing her child. As far as I know, erection did not occur, but I experienced a peculiar feeling, made up of a mixture of lust and disgust, which remained in my memory for years. Now the memory of it has no effect on me.

"Two years ago I had a lively dream. I sat under a tree in a squatting attitude, and beautiful, nude women fell down from the tree, one after another, into my lap, and I had congress with one after another from behind. At last, it became so intense that I awoke and found that I had had a copious ejaculation. The penis was in an unpleasant erection; for the whole weight of the bed clothes, rolled into a bundle, had rested on it, and this, perhaps, occasioned the dream.

"4. *My Character and Appearance.*—Voice usually baritone, but of higher quality. Abundant growth of hair everywhere. My inclinations are entirely masculine. I smoke, drink, and like to swim; and I should have liked to learn to fence and ride, had my means permitted it.

"In my present state of depression I avoid dancing, but formerly I was passionately fond of it, and was considered a good dancer. I have never yet had any desire to dance with a man.

"I am very fond of music. Since coming here I have been at the opera probably three hundred times. Too, I am much interested in languages, but my interest in poetry and *belles-lettres* is not above the average among educated people. My education is not very thorough; I do not know much outside of the subjects pertaining to my occupation. In conversation I like earnest subjects, but I do not object to variety.

"In reading the newspapers I confine myself to politics, and am well up in such matters; but I do not despise a novel by a recognized

author. In general my reading is directed to political, historical, linguistic, and ethnographic work.

"Among my friends I formerly occupied a middle position, but now I prefer to go my own way, and I have gradually come to be considered eccentric.

"I love animals, and cannot bear to do harm to any creature. Modesty was once one of my virtues; and even now I lay much store by good morals and respectability, and I can be very severe when an acquaintance offends against them seriously. Ribaldry is repugnant to me; but, on the other hand, I am fond of elegant equivocation. I am not cowardly, but good-hearted, and all my friends find fault with my lack of egoism.

"I can think logically. Great love of truth and justice, in defense of which I had a duel with pistols, in which three shots were exchanged. I am not easily moved, and never weep. I am easily embarrassed. No preference for soldiers. My gait is firm and manly. Still, it seems to me that in the course of my disease my feeling of honor has suffered. I am less scrupulous in the acceptance of favors and money. While formerly I was quick to react to insults, I now pass over much."

The autobiographical statement of the patient should be completed in some particulars. The sight of male genitals excites him sexually only when the face is attractive. He states that he has never had erections at the sight or thought of a woman. Psychical and tactile onanism, which at present is practiced on an average once or twice a day, helped to invalidate the predisposed nervous system. Power of erection has suffered; occasional priapism. No pollutions at night. But there is spinal irritation, and painful sensations after onanistic excesses.

The patient also presents symptoms of cerebro-spinal neurasthenia. Dragged appearance; relaxed attitude. Great irritability; slight frontal headache on slight exertion, also after taking small amounts of alcoholics. Mornings he often lies in bed till 10 o'clock in a doze. Tired on awaking. Great apathy. Shy and suspicious. Want of energy. Depressed. Under the influence of painful depression he attempted suicide two years ago by means of opium. The dose was insufficient, and the patient was saved by medical skill. Again the patient stands on the verge of a catastrophy. At a later visit the patient informed me that he had come to me with the determination to shoot himself should my prognosis be unfavorable. His ability to work has suffered seriously. He is not able to follow the lectures at the university. Great confusion. Asthmatic troubles. Obstipation alternates with diarrhœa. Unable to pass his examinations.

Sexual organs normally formed and of medium size. Mons veneris covered with abundant hair. Somewhat anæmic in appearance. Myopic.

MEASUREMENTS OF HEAD.

Horizontal circumference,	58 cm.
Posterior half-circumference,	23 cm.
Anterior half-circumference,	32 cm.
Lateral line over vertex,	41 cm.
Antero-posterior line over vertex,	30 cm.
Ear-chin line,	30 cm.
Greatest antero-posterior diameter,	19 cm.
Greatest lateral diameter,	15 cm.
Diameter at auditory meati,	12 cm.
Diameter at zygomatic process of frontal bone,	12 cm.
Distance from auditory meatus to root of nose,	12 cm.

MEASUREMENTS OF PELVIS.

Diameter at anterior superior spines,	23 cm.
Diameter at crests,	27 cm.
Diameter at tubera ischii,	10 cm.
Diameter—external conjugate,	11 cm.
Diameter at trochanters,	28 cm.

A favorable prognosis could be given, because the patient's homo-sexual tendency, which depends upon the imperative idea of male genitals, is to be regarded as the product of unfortunate educational influences affecting an individual neuropathic by heredity. All other symptoms—onanism, neurasthenic troubles, tendencies to algolagny and exhibition—are essentially of a secondary nature. There is the more reason for expectation of improvement or cure in this case, since hetero-sexual inclinations are proved to exist, and because the masculine character, as such, has not been involved. Other changes (apathy, etc.) are to be regarded as neurasthenic symptoms due to onanism. Probable duration of treatment, one year.

The treatment, which was begun on January 29, 1892, while the author was engaged on the concluding portions of this work, was anti-neurasthenic with respect to the secondary symptoms.

Three points were made in the suggestive therapy (in hypnosis): 1. To overcome the impulsive onanism. 2. To remove the imperative idea of male genitals and the homo-sexual inclinations. 3. Systematic cultivation of hetero-sexual inclination.

On the first attempt the patient became somnolent. Hypotaxis. Arms fixed. Suggestive catalepsy. Deepening of the sleep by frequent repetition.

Up to the present time the patient has been subjected to twenty sittings, with very notable success. Since the first day of hypnosis (during four weeks) complete absence of onanistic tendencies, without relapse as yet; mood pleasant; full of hope. During the treatment to

the present time there have been no homo-sexual inclinations, and no imperative ideas of male genitals.

Twice dreams of men without pollution.

On the other hand, awakening of interest and desire for women. He paints fancies of hetero-sexual congress, and repeatedly dreams of sexual situations with women, in which he plays the active *rôle* in coitus. After a few weeks, desire to go to a ball, which he is advised to do. Erections become more frequent, become stronger, and finally occur spontaneously in connection with hetero-sexual ideas.

February 19th, following a suggestion, he overcomes his shyness and seeks a prostitute. At the house, great shyness and a desire to turn back. The patient, who soon overcame his embarrassment in the presence of the woman, was led to drink too much wine, and the absence of erection he attributes to this. Nevertheless he is well satisfied that his performance of the masculine *rôle* was so successful, and on the following morning, in the memory of the pleasures he might have had, he had "one erection after another."

His sexual desire for women becomes more and more prominent; his general condition gives no cause for complaint; and the patient may at present be considered as essentially improved. He is still treated in hypnosis daily.

Algolagny.

Case 68. *Personal Observation. Active Algolagny and Contrary Sexual Instinct in an Individual Predisposed by Heredity. Improvement of the Algolagnistic Inclinations by Suggestion.*—A., aged 30; physician, Poland. In his youth his father had a psychosis, recovered completely, and reached a great age. Father's sister was also insane, but recovered and remained well. The father's character was hard, despotic, and quick-tempered; he was normal sexually, though not passionate. He was able to keep from intercourse five years. Mother, natura frigida; never had lustful pleasure in coitus. Four of the children died, one brother by suicide; another brother is normal, married, and the happy father of several children. One married sister is likewise a natura frigida; another, though unmarried, seems to be passionate sexually; and three sisters seem normal. One of the patient's brothers seems to be a psychical hermaphrodite; at least, he is given to exceedingly warm friendships with persons of his own age, and is said to have lately fallen in love with a girl.

The patient is most closely attached to his mother. He does not remember to have been ill before the age of 10. At the age of 9 A. shared his sleeping-room with a comrade, who often got in bed with him. On such occasions, in joke, A. grabbed his friend in the nates and then smelled of his fingers. Patient cannot remember that this gave him unusual feeling of pleasure. This may have happened four or five times.

About this time the patient introduced a lead-pencil into his anus, and he remembers that this gave him a pleasant sensation. The patient does not know whether it caused an erection or not. At any rate, the events mentioned seem to have directed the attention of the hereditarily predisposed boy to the nates; for, since this time, the gluteal region has played an important *rôle* in the patient's imagination. It seems as if the first premature sexual excitation had occurred simultaneously with the fancies mentioned.

Also at school from this time the nates played a *rôle*. The patient inquired of his companions whether they had been beaten on the nates. On the other hand, A. does not remember that he was ever punished in this way. With reference to this point, the patient says in his biography: "I remember with distinctness that at that time I often dreamed for hours of how I should do with my children; in what cases they would be punished, how I should do it, etc. I cannot remember to have had erection or ejaculation in connection with this."

When 10 and 11, the patient "now and then" introduced objects like lead-pencils, penholders, etc., into his anus, but without experiencing pleasant sensations or erections as on the first occasion. When a child, he had the bad habit of playing with his genitals, which once induced erection, but never ejaculation. "When," the patient continues, "at the primary school I saw pupils punished on the nates, as far as I remember, I experienced no feeling of pleasure. During my time at the gymnasium, I struck myself several times, as well as I could, with a Spanish tube." At the age of 15 he developed imperative ideas of another kind. "I can still remember that at a time when I had not yet developed neurasthenic symptoms, in the hours of worship, whenever the teacher spoke of the Holy Ghost, I thought, 'D—— you, Holy Ghost!' And this gave me intense pangs of conscience. Now I no longer doubt that at that time I was afflicted with an imperative idea. I also read and re-read letters after they were finished, to be sure that they contained no error in orthography. I sometimes opened, for this purpose, letters that had been sealed."

Between the age of 16 and 20, when A. bathed with companions, he experienced an irresistible impulse to spank them with their trunks on,—an act which excited him sexually, but it did not induce erection. "Once I fell in love," he continues, "with a very handsome schoolmate, but without meeting with a return of affection. A friend did the same thing. I am sure that, in this matter with us both, the sexual element was not in play. My friend is now the happy father of a family. I desired to kiss my handsome schoolmate. Erections did not occur with the thought. At 19 I now and then had pollutions in sleep, which were accompanied by dreams of beating a boy on the nates with a switch. At that time I never had opportunity to talk of sexual matters, and thus

did not think of the dreams. That as I grew older the desire for women would occur, seemed a matter of course."

After graduating from the gymnasium A. went to the university and began the study of medicine. While at school he had thought much of chastity, and regarded non-marital intercourse as "unprincipled." In this particular his education at the hands of his father, who was very strict, may have been to blame. Too, his mother's influence had a very retarding effect upon his development. Against his father's will A. entered a society which had chastity as a principle.

The patient cannot remember to have been in love with any member of the society. As a student of medicine, he first had opportunity to see nude female and male forms. At that time examination and touch of the persons of both sexes induced neither erection nor ejaculation. A. passed his examinations, and only when a physician, two years after his examination, did he come to understand his sexual character. On examining the male chest, spontaneous erections with ejaculations occurred. On this point the patient writes: "At that time I read Niemeyer's text-book for an explanation of the matter, but found there but a short, encouraging note concerning it, according to which congenital inversion of the instinct was a condition easily overcome, with the help of the imagination. Soon after that I saw von Krafft-Ebing's 'Psychopathia Sexualis,' and thus at last the scales fell from my eyes. Then came hours of misery. The thought of never being able to marry often troubled me; for I am as one created for family life; delighted if I can but stay with the family for a short time."

When a student the patient fought in several student-duels, and was known as a skillful fencer. He served as a one-year volunteer, and took delight in manly sports. When a soldier, it so happened that he was once forced to spend the night in a room with a friend. Though no deep feeling attached him to this young man, one evening, after he was in bed and while his friend had not yet come in, he thought he would induce his companion to beat him on the nates. For this purpose A. left the light burning, and, pretending to be asleep, he uncovered his gluteal region and placed himself so that his nates would immediately catch his friend's eye as he entered. The patient hoped that he would give him a sounding blow. But, to his chagrin, he made no use of his opportunity.

In medical practice boys from 10 to 14 years old have the principal charm for the patient. In no case are such persons to be more than 26 years of age. Absence of beard is another condition; but a small moustache does not prevent excitement. Whenever the patient is concerned in his practice with young persons fulfilling these conditions, he feels an impulse to beat them on the nates; but the impossibility of

performing such an act does not trouble him. In practice, whenever possible, he gets a sight of the nates. And he never fails to ask his patients whether they have been punished at school. During such questioning he has frequently had erections with subsequent ejaculations.

In his autobiography the patient thus describes his sadistic inclinations: "A handsome, youthful face; finely-developed thorax; powerful thighs, but especially beatifully-rounded nates, charm me. On the other hand, male genitals are indifferent. Once I saw a friend's penis in erection. A boy of 14 once had erection on lowering his trousers to facilitate examination. The boy had ejaculation. In this, however, I experienced no lustful pleasure, but rather a feeling of disgust. The thought came to me that he certainly was given to onanism, and that I should spank him soundly.

"Whenever I have opportunity I cannot resist the temptation to touch the nates with my hand. The anus also charms me to a certain extent, in spite of my æsthetic disgust. Whenever I have occasion to make a digital examination (for hæmorrhoids and the like), I have in the act a feeling of lustful pleasure, which, however, is followed by a feeling of disgust. Vaginal examinations, or female nudity in general, have not the slightest sensual effect on me. I have no horror feminæ; only one specific female odor is unpleasant to me.

"I must mention here that last year I had erection while reading in a newspaper how in London certain parents sold their daughters to persons to beat ad nates."

These statements are to be supplemented as follows: The patient is excited sensually only when he can give pain to young persons aged from 10 to 26 years. At the same time he is contrary sexually and actively algolagnistic. Though the nates play the principal *rôle* in his fancy, still other acts which inflict pain cause him sexual excitement. These are especially all operations on persons having the characteristics previously mentioned. For example, in scraping out the ear for lupus and in making injections of all kinds A. has erections and ejaculations. His lust in giving pain is so great that of late years the patient has several times sought to beat himself, but without experiencing any intense excitement. On the other hand, the same longing drove him, *faute de mieux*, to practice injections of distilled water on himself. Orgasm and ejaculation on the second attempt. No week of his practice passes without the occurrence of sexual excitement of this kind. He never has any desire to kiss the object causing him excitement, but merely the sight of the thighs and nates immediately induces erection.

A. makes the following statement concerning his character: "My mental endowment is that of the average man. Desire for comfort; I am soft and yielding. I am but little touched by the suffering of others.

It is difficult for me to refuse a request to any one. As for the rest, I have no feminine inclinations. For female toilettes I have not the slightest taste, and thus have often angered this or that lady of my acquaintance. I am not vain or anxious to please. I have no understanding of feminine occupations. Aside from my occupation, my interest is principally in politics, history, and legal matters. I was a skillful fencer, and took part in five student-duels. To physical pain, operations on the teeth, the suturing of gashes, I am almost insensitive. In the society of women I am shy,—that is, with young ladies unknown to me. On the contrary, I like to associate with married and unmarried ladies with whom I am intimate. The thought of marriage with a young girl is attractive. I have often had waking dreams about it; how nice it must be to have a pretty wife at one's side in bed. But always the thought would come, 'You cannot have congress,' and this would make an end of my dream."

Neurasthenic symptoms had only been noticed by the patient of late. Incited by Moll's work, "Contrary Sexual Instinct," which the patient read with interest, he began to cultivate hetero-sexual thoughts, the object of which was an attractive friend of his sister. During the night of October 20, 1891, he dreamed that he must begin hetero-sexual intercourse, and he awoke with a dull head. During the next week the patient felt neutral sexually. On the other hand, every night he had feelings of anxiety which "apparently depended upon the idea that he must be insane." Then erections at the sight of boys again occurred. "Now," says the patient, "came the thought, 'You cannot be normal if you are excited sexually by men.' That passed away. On the other hand, unexpectedly came this imperative idea, 'You are not insane.' Darting pains, restless sleep, and disquieting thoughts of suicide and the asylum troubled me."

A journey brought him to Munich, and he visited me on November 19, 1891.

The patient's appearance was thoroughly masculine. Abundant development of adipose tissue; beardless; abundant growth of hair. Hair blonde. No noticeable approach to the female type in the form of the pelvis or the position of the thighs. Internal organs healthy.

FORM AND MEASUREMENTS OF HEAD.

		Male.	Female.
1. Horizontal circumference,	60.0 cm.	55.0 cm.	53.0 cm.
2. Posterior half-circumference,	23.0 cm.	24.0 cm.	22.0 cm.
3. Anterior half-circumference,	32.0 cm.	30.0 cm.	28.0 cm.
4. Lateral line over vertex,	33.0 cm.	36.0 cm.	34.0 cm.
5. Long line over vertex,	36.0 cm.	35.0 cm.	33.0 cm.
6. Ear-chin line,	29.0 cm.	30.0 cm.	28.0 cm.

CALIPER-MEASUREMENTS.

		Male.	Female.
1.	Long diameter, ...	18.0 cm.	18.0 cm.	17.5 cm.
2.	Greatest lateral diameter, . .	16.0 cm.	15.0 cm.	14.0 cm.
3.	Diameter at auditory meati, . .	12.0 cm.	12.5 cm.	11.5 cm.
4.	Diameter at zygomatic process, .	12.5 cm.	11.0 cm.	11.0 cm.
5.	Distance from auditory meatus to nasal spine, ...	12.0 cm.	12.0 cm.	11.0 cm.
6.	Breadth-index, ...	88.0	80.0	70.0

PELVIC MEASUREMENTS.

Diameter at anterior superior spines, . . .	26.0 cm.
Diameter at crests, ...	28.5 cm.
Diameter at trochanters, ...	31.5 cm.
Diameter—external conjugate, ...	21.5 cm.

The foregoing history, made up of the patient's statements and autobiography, requires but few additions.

The patient's dreams are infrequent and are usually about whipping. After reading von Krafft-Ebing's "Psychopathia Sexualis," patient twice dreamed of performing pederasty with boys, which induced ejaculation; more frequently, however, ejaculation occurred when he dreamed that he beat the boy on the nates with his penis. In the waking state he abhors the act of pederasty. A. often takes his genitals in his hands and looks at the reflexion of his nates in a mirror, finding great pleasure in the procedure. It gives him special pleasure, during the heat of summer, to walk about his room naked. Stroking his nates, even when he does it himself, gives him lustful pleasure.

With the exception of rheumatism and typhoid fever in 1885, the patient has had no illness. Besides the neurasthenic troubles mentioned, he is often troubled with pressure in his head. He does not smoke, but he drinks five or six glasses of beer daily (a glass contains about $\frac{1}{2}$ litre).

With the masculine character of the patient, and in that he had never attempted coitus, it was possible to give a favorable prognosis.

November 21st. First attempt at hypnosis. A. immediately becomes somnolent, and, with a correct understanding of the hypnotic procedure, seeks to increase the influence auto-suggestively. He passes into hypotaxis. Suggestions: (*a*) Abhorrence of male nates, the infliction of pain, and homo-sexual desires. (*b*) Interest in women and preference of them. Occurrence of erection at ideas of hetero-sexual character. (*c*) Cessation of imperative ideas and neurasthenic symptoms.

November 22d. The patient has thought much of female nates without experiencing any feeling of repugnance. Otherwise, condition unchanged. Treatment and suggestion as yesterday.

November 23d. Last night A. dreamed, as a result of suggestion, that he abhorred men, and that boys' nates no longer made any impression on him. To-day the patient developed the imperative idea that he could not be hypnotized if he put on any other than the suit of clothes he wore yesterday. Repetition of the procedures of yesterday.

November 24th. No progress of importance. To-day coitus and success in it are suggested. Hypnosis and suggestions as usual.

November 25th. Yesterday the patient was in a brothel, and had no success whatever. The puella continued manipulation ad genitalia for twenty minutes without inducing erection. The patient tried to induce excitement by looking at the woman's nates; but this was also without effect. Complete fiasco. Energetic suggestive treatment looking to progress, and to quiet A.

November 26th. Last night A. dreamed of women, and had erection on waking, but he could not state that there was any relation between them. Hypnotic treatment as usual.

November 27th. Last night dreams of boys, with erection. The general condition improves; imperative ideas disappear. Repetition of the procedure.

November 28th. The same treatment as yesterday.

November 29th. Last night dreams of whipping and of women, with erection. Pollution without dreams. Suggestive treatment. Success in coitus promised for to-night.

November 30th. The patient spent all last night with a puella. Toward morning erection occurred, but it disappeared as soon as the girl touched the organ. Complete fiasco. General condition better. Treatment as usual. Homo-sexual dreams the next night.

December 1st, 2d, and 3d. Hypnosis daily.

During the night of December 3d erection occurred with a puella, and immissio penis was successful, but erection disappeared without the occurrence of ejaculation,—a little progress.

December 4th. The usual procedure.

December 5th. Last night another attempt with a member of the *demi-monde*. Again erection and immissio penis. Friction continued four minutes without the occurrence of ejaculation. Attempt abandoned. Hypnotic treatment.

December 6th. The patient attempted to induce ejaculation by means of onanism, in order to facilitate it with a woman. But he does not succeed. Erection occurs, but not ejaculation. Hypnotic treatment.

December 8th, 9th, and 10th. Daily hypnosis without essential change. Onanistic attempts always unsuccessful. Careful local examination of the genitals, made by a specialist at my instance, gives a negative result.

December 11th and 12th. Hypnosis.

December 14th, owing to his business, the patient was forced to suspend treatment, but he intended to submit himself to further treatment as soon as he could have time for it. He was discharged as slightly improved.

Three weeks after his departure A. wrote me as follows: "Here, during the first few days, I noticed immediately that the contrary sexual feeling was scarcely changed. I have at various times had erection and ejaculation while examining young men; but, expressing myself with caution, it seems to me that the sadistic tendencies have disappeared. After a longer period of observation I shall be able to send you a more exact report. My general condition is much better; I am much less troubled by imperative ideas. Appetite and sleep are excellent."

I advised the patient to use the erection induced by the sight of male nates to attempt coitus. Four weeks later, on January 3, 1892, the patient again confirms his former statement, and says. "The sadistic inclinations seem to have actually disappeared." From this the patient must be regarded as improved with respect to his algolagnistic desires; likewise in respect to his general condition. On the other hand, the contrary sexual instinct still exists unchanged, and, in my opinion, will not be overcome until regular hetero-sexual intercourse has become possible. While the power of erection has improved, it is still difficult to excite the ejaculation-centre. In spite of the relatively slight success, the case offers prospect of cure, or of essential improvement. This task, which is none too easy, remains for a future repetition of the suggestive procedure.

Case 69. *Personal Observation. A Case of Paræsthesia Sexualis (Rudimentary Passive Algolagny?) Successfully Treated by Suggestion.* —Male, aged 27; official. No hereditary predisposition. Diseases of childhood. Onanism since his eighth year. In his sixteenth year the patient once had a pollution while having his hair cut in a barber-shop, due, as he says, to pressing his thighs together while his fancy was occupied with lascivious images. From his eighteenth to his twenty-third year, normal intercourse with women. At the same time there were long periods (six to nine months) in which there was no intercourse at all. In these periods of continence especially he was often subject to the thought of having his hair cut, and this was accompanied by erection.

The inadequate stimulus of hair-cutting became a factor in inducing excitement of the sexual sphere, usually inducing lustful feelings, sometimes ejaculation. Too, in his dreams the shears of the barber played a more effectual part in inducing pollutions than did ideas of hetero-sexual intercourse. The patient had often clearly seen the repulsive and unnatural character of his ideas, but he became powerless in combating this imperative idea. Whether the psycho-sexual process mentioned is

to be regarded as a symbolic act of the nature of masochism (*vide* von Krafft-Ebing)—*i.e.*, passive algolagny—or merely as an associated result, due to habit, of an accidental occurrence accompanied by intense emotion, cannot be determined with certainty. Too, this case was observed one year before the appearance of von Krafft-Ebing's first publication on masochism.

In coitus erection is incomplete, ejaculation delayed. The patient painfully realizes the perversity of his sexual character, is much depressed, and complains of neurasthenic symptoms, which are to be regarded as a result of his sexual anomaly, especially his onanism. Melancholy; hypochondria; frequent physical examinations by several physicians merely out of anxiety, but with negative results; loss of self-confidence; sleeplessness due to *grübelsucht*. Neuropathic expression of eyes; changeable subjective complaints. Physically the patient appears to be in blooming health. Tendency to extremes; unnatural, feverish ambition in his occupation, which he has changed several times. Formerly imagined heart disease, concerning the absence of which the patient is now re-assured. His inconstant character and his dependence upon the mood of the moment make the possibility of systematic treatment seem doubtful. Like so many others, the patient believes that he cannot be influenced in an hypnotic sitting.

In October, 1889, the patient submitted to irregular hypnotic treatment. In the time from October 11th to 22d the sleeplessness was overcome by suggestion. At the same time, quieting psycho-therapy in the waking state. Increase of self-confidence. The first attempt at coitus, after a long period of continence, was made October 20th, as a result of hypnotic suggestion. Moderate lustful feeling; incomplete erection; delayed ejaculation. From this time until the middle of November the patient discontinued treatment without any reason, and submitted to hypnosis but three times more,—from the 9th to the 16th of November. On November 15th coitus was more successful and gave him more satisfaction. Inclination to have his hair cut opposed by suggestion in each sitting, and also fanciful ideas of that nature both while awake and in dreams; on the other hand, lively interest in women and greater self-confidence were suggested. Gonorrhœa brought our efforts to an involuntary end; and there has since been no hypnotic treatment.

The patient always passed only into a state of slight lethargy; no amnesia, but he always felt very well after waking. The result of psychical treatment both in the waking and hypnotic state (fourteen sittings) is: disappearance of subjective troubles, especially sleeplessness, and the depression and hypochondriacal preoccupation. Suggestion in the slightest degree of hypnosis proved to be more effectual than simple advice.

The ideas of hair-cutting retired into the background, and during treatment played no part at all. After the patient had been induced, by means of suggestion, to repeatedly perform coitus, and after these attempts had proved so successful, even though not brilliantly, that the patient had regained self-confidence, as soon as the gonorrhœa was cured he entered into a relation, as he informed me later. The consequent regular sexual congress exercised a favorable psycho-sexual reflex effect; it grew more and more successful, finally satisfied the patient completely, and prevented all return of the perverse ideas previously mentioned.

After six months the patient presented himself as cured; and when I saw him, in May, 1891, he was satisfied in every way with his state of health and his sexual power.

In this case hypnotic therapy could not be employed systematically enough, but it nevertheless brought about essential improvement, though in combination with psychical treatment in the waking state.

Case 70. *Personal Observation. Passive Algolagny (Flagellation) and Other Perverse Hetero-sexual Activity of the Instinct Essentially Improved by Suggestive Treatment.*—S., aged 31; married. Father died of cerebral softening. Mother and other members of family healthy. At 18 pneumonia, with serious relapse; since then weakness of lungs, cardiac palpitation, and asthmatic symptoms. Condition otherwise satisfactory.

The patient appears weak and delicate. Relaxed muscular system; general nutrition good. Inclination to dyspepsia; flatulence; obstipation; unstable; pulse increased by the slightest emotion.

According to S.'s autobiographical statement, his sexual appetite appeared in his tenth year, but his desires were directed exclusively to active and passive flagellation. In his thirteenth and fourteenth years these ideas disappeared. First pollution in his fifteenth year. One year later, first masturbation. After that onanism was practiced regularly until his eighteenth year, but without ideas of coitus. "But my only desire," writes the patient, "was masturbation performed by a female, or some other unnatural satisfaction,—flagellation by her, for example." In the various sexual acts the patient was always in the passive *rôle*. He says, farther, "Coitus seemed unattractive to me. In my twenty-first year I tried it for the first time, but was unsuccessful; thereafter it was somewhat better, and I then had congress quite regularly with women, but without real pleasure (onanistic acts on the person of the woman); for a certain fear disturbed me, and three years ago I was very unsuccessful several times in succession. Since this time I have avoided it, and I have not had the moral courage to venture farther trial of it. Since then I have limited myself in hetero-sexual congress, which is very passionate, to some unnatural act of indulgence, and in these acts I feel extraordinarily potent. In these cases erection,

which formerly was delayed, occurs instantly. After such intercourse I always feel well mentally, and morally satisfied, if the thought that the thing is abnormal does not trouble me."

Irritable weakness of the ejaculation-centre, probably due to sexual abuse. Insufficient erection and premature ejaculation in attempts at coitus. The patient tries to find other reasons for the perverse act of sexual gratification. Thus, he declares that his companions prefer the perverse manner of indulgence, and do not permit him to attain to coitus; besides, he wishes to avoid causing pregnancy. The perverse substitutes consist of passive flagellation by the hand of the woman, mutual masturbation, and coitus in os. In these, as mentioned, he is always potent. Impotence in the natural act increased with the frequent and regular repetition of these acts. The pathological sexuality, which may be regarded as partly due to the inherited neuropathic constitution, and partly to unfavorable educational influences, is felt to be a hindrance to married life. Therefore he desires help through psycho-therapeutic procedures. From the 19th of October to the 21st of December, 1889, nineteen sittings.

At the first attempt great somnolence, hypotaxis. After waking, indistinct memory.

Energetic suggestions: (*a*) Abhorrence of the perverse acts. (*b*) Increasing inclination to natural intercourse. (*c*) Complete power in coitus, self-confidence, and erection. (*d*) Physical health.

After the second hypnosis, attempt at coitus in a cab. Complete fiasco; premature ejaculation with relaxed organ.

The suggestions of October 29th are regularly repeated in the following sittings. Hypnosis increasing to somnambulism.

There were sittings October 31st, November 2d, 4th, 5th, 6th, 7th, 9th, 11th, 12th, 19th, 28th, 30th, 31st, and December 2d, 10th, 16th, 18th, 21st.

November 2d. Erection better, but it disappears in the performance of the act.

November 4th. Relapse; coitus in os.

November 6th. Normal coitus performed, though with incomplete erection, and without lustful pleasure like that experienced in perverse acts.

November 9th. Erection better. The patient has congress in the normal way, but the abnormal equivalent is still pleasanter, in spite of energetic opposing suggestion.

November 12th. S. has more pleasure in natural intercourse; erection improves.

November 19th. Relapse at a woman's instance. My advice to break off the relations with this woman he rejects.

November 28th. Very deep somnambulism is induced by means of

longer continuance of the hypnosis (half an hour). Very energetic ideas, as already imparted. After this sitting moderate feeling of dullness, which disappears when he gets out into the open air.

December 2d. Coitus again, normal and with good success and complete satisfaction. In the following sittings up to December 21st permanent success suggested.

Treatment had to be discontinued on account of an attack of influenza, and was not resumed. I have had no opportunity to get any news of the patient's subsequent condition. During the last two weeks of treatment the patient's inclination to perverse acts had decreased considerably.

At any rate, suggestive treatment made the patient able to perform coitus in a normal way, which previously had been impossible; though, owing to the short time he was treated, it is not to be expected that in the future erection will be complete and occur regularly. Nevertheless, in this case the essential improvement attained by suggestion is noteworthy, and, like the other cases, it points out the way in which complete cure is to be produced.

Concluding Remarks.

The table on the opposite page shows the results in thirty-two cases, which may be arranged as follows:—

Failures, ...		5	=	15.625 per cent.
Slightly improved, ...		4	=	12.5 per cent.
Essentially improved, ...		11	=	34.375 per cent.
Cured, (with later report, .	10)	12	=	37.5 per cent.
(without later report,	2)			
		32		100.0 per cent.

Of the 32 patients 5 were not amenable to hypnosis; 8 passed into somnambulism, 13 into hypotaxis, and 3 became only somnolent. In 3 cases the degree of susceptibility is not given by the authors. More than one-third of the cases—that is, 12 of the 32—were completely cured; and in 10 of these it was possible to determine, by later observation, that the cure was persistent. In several cases the period of observation extended over a year. Indeed, von Krafft-Ebing observed one case two years; and I had opportunity to watch a discharged patient two years and seven months. Four other patients were kept under observation more than a year, and a somewhat larger number longer than six months.

	Cases.	Reporter.	Sex.	Age.			Sittings.	Somnolence.	Hypotaxis.	Somnambulism.	Improvement.				Cure.			Remarks.
			Male.	20–30.	30–40.	40–50.					Failure.	Temporary.	Great.	F'th'r Co'rse Unknown.	With Later Report.	Without Later Report.	Relapse.	
39.	Psycho-sex. hermaphroditism.	Von Krafft-Ebing.	1	. .	1	. .	6	. .	. .	. .	1	. .	. .	. .	. .	. .	. .	Insensitive to hypnosis.
40.	" "	"	1	. .	1	. .	.	. .	?	. .	. .	. .	. .	. .	. .	1	1	Auto-suggestive treatment.
41.	" "	"	1	. .	. .	. .	?	. .	1	. .	. .	. .	1	. .	. .	. .	?	
42.	" "	"	1	1	. .	. .	30	. .	. .	1	. .	. .	. .	. .	1	. .	. .	Time of observation 1 yr. 5 mos.
43.	" "	"	1	1	. .	. .	9	. .	1	. .	. .	. .	1	. .	. .	. .	?	
44.	" "	"	1	1	. .	. .	?	. .	1	. .	. .	. .	. .	. .	1	. .	. .	Treatment from Feb. to Mar. 19 and from May 17 to Oct., 1890. Cure lasted 9 mos. after discharge. Duration of observation 1 yr. 2 mos.
45.	" "	"	1	. .	1	. .	14	. .	. .	. .	. .	. .	1	. .	. .	. .	. .	Chloroform hypnosis.
46.	Contrary sexual instinct.	Charcot & Magnan.	1	1	. .	. .	.	. .	. .	. .	. .	. .	1	. .	. .	. .	. .	Treated by waking-suggestion.
47.	" " "	Wetterstrand.	1	. .	1	. .	17	. .	. .	1	. .	. .	. .	. .	1	. .	. .	Patient seen repeatedly after discharge.
48.	" " "	"	1	. .	1	. .	23	. .	?	. .	. .	. .	. .	. .	1	. .	. .	Cultivated con. sex. inst. Under observation 5 mos. after discharge.
49.	" " "	"	1	1	. .	. .	40	. .	. .	1	. .	. .	. .	. .	. .	1	. .	Treated 2 mos. In a case not reported W. was unable to induce hypnosis.
50.	" " "	Bernheim.	1	. .	1	. .	20	. .	. .	1	. .	. .	. .	. .	1	. .	. .	Cure lasting.
51.	" " "	"	1	1	. .	. .	30	. .	1	. .	. .	. .	1	1	. .	. .	. .	Desire to smoke removed in 9 sittings.
52.	" " "	"	1	. .	1	. .	8	. .	1	. .	1	. .	. .	. .	. .	. .	. .	Imperative ideas.
53.	" " "	Müller.	1	. .	. .	. .	1	. .	. .	1	. .	. .	. .	. .	1	. .	. .	Homo-sexual ideas.
54.	" " "	Von Krafft-Ebing.	1	. .	1	. .	1	1	. .	. .	1	. .	. .	. .	. .	. .	. .	
55.	" " "	"	1	1	. .	. .	8	. .	1	. .	. .	. .	1	. .	. .	. .	. .	Acquired through onanism. Without relapse 3 mos. after discharge.
56.	" " "	"	1	. .	1	. .	(16)	. .	1	. .	. .	. .	. .	. .	1	. .	2	Two relapses overcome by hypnosis. Under observation 2 yrs.
57.	" " "	"	1	. .	. .	. .	8	. .	1	. .	. .	. .	1	. .	. .	. .	. .	Congenital contrary sexuality.
58.	" " "	"	1	1	. .	. .	1	. .	. .	. .	1	. .	. .	. .	. .	. .	. .	Effemination.
59.	" " "	Ladame.	1	. .	1	. .	25	. .	. .	1	. .	. .	1	. .	. .	. .	. .	
60.	Algolagny (active).	Moll.	1	1	. .	. .	. .	?	1	. .	. .	. .	1	. .	. .	. .	. .	Observed 10 wks.
61.	" (passive).	Von Krafft-Ebing.	1	. .	1	. .	(12)	. .	1	. .	. .	1	. .	. .	. .	. .	. .	Premature cessation of treatment.
62.	Contrary sexual instinct.	Author.	1	1	. .	. .	45	. .	. .	1	. .	. .	. .	. .	1	. .	1	Observation 2 yrs. 7 mos.
63.	" " "	"	1	. .	1	. .	142	. .	. .	. .	. .	. .	1	. .	. .	. .	1	Observation 1 yr. 8 mos.
64.	" " "	"	1	. .	. .	1	7	1	. .	. .	1	. .	. .	1	. .	. .	. .	
65.	" " "	"	1	1	. .	. .	7	. .	1	. .	. .	1	. .	. .	. .	. .	1	Acquired contrary sexual instinct.
66.	" " "	"	1	1	. .	. .	204	. .	1	. .	. .	. .	. .	. .	1	. .	1	Observation 1 yr. 5 mos.
67.	" " "	"	1	1	. .	. .	20	. .	1	. .	. .	. .	1	. .	. .	. .	. .	Algolagnistic inclinations.
68.	Algolagny (active).	"	1	. .	1	. .	21	. .	. .	. .	. .	1	. .	. .	. .	. .	. .	Algolagnistic incl. essentially improved.
69.	" (passive).	"	1	1	. .	. .	14	1	. .	. .	. .	. .	. .	. .	1	. .	. .	Cure lasted 6 mos. after discharge.
70.	Passive flagellation.	"	1	. .	1	. .	19	. .	. .	1	. .	1	. .	1	. .	. .	. .	
	Total		32	14	14	1	748	3	13	8	5	4	11	3	10	2	7	

The certainty of this manner of observation and the careful report of relapses, which are seldom to be met with in other branches of therapeutics, justify us in drawing almost certain conclusions from the material at hand concerning the prospects of cure in cases of sexual paræsthesia. The probability of success with suggestion may be expressed as 70 per cent., that of cure as 34 per cent.; but, as a rule, one should prepare such patients for the necessity of prolonged treatment. In one case one hundred and forty-two sittings were necessary, and in another two hundred and four. Too, it may be recommended that, in order to make the cure lasting, the patient should, as a prophylactic, be hypnotized once every week or two for a year after the cure has been established, and care be taken that sexual intercourse be practiced regularly. It should always be remembered that the period of treatment for confirmed habits is dependent upon the time required by the perversion for its full development.

Too, in the severest cases, as we have seen, it is possible to remove onanistic inclinations and sexual hyperæsthesia. In cases of contrary sexuality, as a rule, after a certain period of treatment a state of sexual neutrality is established, in which the patients have become indifferent to homo-sexual charms, but are still insensitive to women. With the beginning of regulated normal sexual intercourse, which, in my opinion, is the *conditio sine qua non* of cure, the feelings of disgust, present at first, gradually disappear entirely; the fancy of the patients becomes more and more impressionable and excitable to feminine charms, and in the transitional stage of psycho-sexual hermaphroditism care must be taken, in external circumstances, that the product of suggestive cultivation gradually compensates the deeply-rooted inclination. The mental rudiments grow more and more indistinct, and only cause relapses where occasionally sexual impulses, unsatisfied in the normal way, gain a renewed mastery over the individual and, to a certain extent, furnish new material to the old inclination, whether this be homo-sexual, algolagnistic, or fetichistic in nature. If, as we have previously tried to show, effemination is a secondary manifestation of homo-sexuality, then, logically, the sexual transforma-

tion, in the sense of a male-feeling individual, cannot take place without affecting the mental life of the individual concerned, even though it must also be admitted that such secondary changes of character, in the sense of weakening, are perhaps only fully developed in the course of years, and always require long periods of time. The theory of contrary sexual instinct and its possible cure is still too young to allow a judgment of it in this respect, based on practical results.

When, in case of contrary sexual instinct, cure is spoken of, it is to be understood only as a relative cure. For absolute cure would presume complete removal of the homo-sexuality, its *memory-pictures*, and a physical reflex effect of them which occurs episodically in many patients. This, however, is not within human power. One may be satisfied if these pictures fade and become innocuous rudiments, and if the sexual life is led into the path of regular and natural activity.

If we have been successful in demonstrating that this therapeutic result, so important for the life of such unfortunates, may be obtained by suggestive treatment; that useful members of society can be made of such perverted individuals,—then the object of this work has been attained. May it contribute to the success of the struggle with this dark side of our social life, and open to workers in the domain of suggestive therapeutics a new and productive field of activity and humane striving!

APPENDIX.

PREPARED FOR THE ENGLISH EDITION IN OCTOBER, 1894; TRANSLATED FROM THE AUTHOR'S MANUSCRIPT.

THE studies in the pathology and therapy of psycho-sexual anomalies contained in the foregoing work were published in the German for the first time two and one-half years ago. Though, during the period that has elapsed, many new and important additions have been made to the question of sexual perversions, and though views opposed to those advanced by the author have not been wanting, still the contents of the book have retained the value at first attributed to them. The purpose of this appendix is, therefore, the addition of some not unimportant supplements to several of the sections, as well as to a number of histories. The following notes are arranged in accordance with the chapters of the book, and are made as brief as possible.

Case 14, Section I.—Since this patient was discharged three and one-half years have passed. At first the patient remained cured as long as he had opportunity for sexual intercourse; however, when for any reason this was not possible, he masturbated, but during two years he did not do this more than three or four times. During the last year and a half this has not occurred. He attends to his calling and feels himself perfectly well.

Case 15, Section I.—In the meantime the patient has become a physician and follows his calling without further need of medical help.

Case 18, Section I.—During the two years and a half since discharge, the patient has remained well; a visit to her home convinced me of this. She has now been happily married several months. This case, which has now been under observation more than three years, may be regarded as one of the most brilliant examples of the efficacy of suggestive therapeutics.

Case 20, Section I.—This patient has remained cured during the two and one-half years that have passed. She resumed her calling and removed to another city. The last written report was received three months ago.

Case 35, Section II.—In June, 1894, two and one-half years after discharge, this patient visited me again to express his thanks that the mental treatment in 1891–92 had put him on the right road to recovery. The patient is happily married, and already the father of one child; he has made himself independent, and may be regarded as definitely recovered.

Case 37, Section II.—As may be seen from the text, after remaining well two years, in October, 1891, as a result of severe nervous trouble the patient had a relapse, but fortunately he came under my treatment immediately again. A few hypnotic suggestions again restored his virility, and he has remained well.

Case 38, Section II.—In November, 1892, the patient again presented himself and desired to have the hypnotic treatment resumed, though the success of the previous treatment had been lasting, mainly with a view to have it become more stable, —in reality, through fear of a possible relapse. Twenty-two additional hypnotic sittings. At the first coitus during the period, erection by means of manipulation by the puella; then slight emission. On the other hand, on three other occasions the patient had intercourse with complete satisfaction. On November 27th the patient went home with the re-assuring consciousness of complete virility.

Case 62, Section III.—Since this patient was discharged nearly four years and six months have passed. As I ascertained by a personal interview with him, in the interval he has become the happy father of three healthy children, whom he is educating carefully, and whom he observes with a view of a possible existence of any hereditary disposition. As long as R. remains with his family and is required to lead a regular life in the small town where he lives, he feels perfectly normal and balanced. He is bound by love to his wife and children, and his sexual functions leave nothing to be desired. Occasional

homo-sexual importunities, as on meeting former friends, he successfully withstands. However, if R. be on a journey alone for any length of time, which occurs perhaps once a year, he still finds pleasure in homo-sexual practices; but this is not from an irresistible impulse, nor from a love of the male sex or of any man, but to excite his nervous system by the enjoyment of forbidden fruit. Therefore, in this case, we have to do not with an abnormal impulse, not with a relapse, but with the induction of new and exciting sexual situations from pure sensuality, wherein, however, the re-awakening of sensual memory-pictures from the past plays an exciting and intensifying, though not determinate, *rôle*. The acts which five years ago indicated desire of the sexual instinct have now become simply acts of vice.

Case 63, Section III.—One year after the appearance of the foregoing work in Germany,—that is, about three years after the beginning of treatment,—I received the following report from the patient:—

March 22, 1893.

HONORED BARON: In meeting your wishes by writing you a few lines concerning my health, I must think what I have to write,—so thoroughly have I become accustomed to my new life. I have intercourse regularly with women, but it is only within the last few months that it has been regular, since that with prostitutes gradually became repugnant to me. What I formerly regarded as impossible, and what *a priori* I was forced to repel, I now entertain. I am thinking much of marriage; I imagine myself married; long for children and a family; and I think I should make a good, too good, father.

I have no erotic fancies, since libido has greatly decreased; the accompanying symptoms of the former disease—migraine, depression, and anxiety—have entirely disappeared, so that I am now in a stable emotional condition, and I could be entirely satisfied were it not for my past. This, however, constantly comes up threatening, and to my fear of it is added disgust and repugnance of myself and my former acts, such as a normal man must always feel for contrary sexual persons. The memory of this frightful, debasing period will probably always poison my life. Always obligated to you, honored Baron, in deepest gratitude I remain, Respectfully, A.

Since the receipt of this report one year and eight months have passed, and during that time the patient has kept me in-

formed at long intervals concerning his condition. To-day A. feels masculine; neither in his sexual nor in his psychical condition during this time has he relapsed, but he has intercourse regularly, and has a horror of sexual acts with his former companions. The symptoms of effemination have all disappeared, as have all the neuropathic troubles; his appearance is healthy (brown complexion); his manner shows more certainty and assurance; his energy has increased and has withstood many trials successfully. This latest verbal report I have no reason to doubt; the more because of the patient's demonstrated love of truth, and because his whole physical condition corroborated his statement. A. has now been under my observation five years without relapse in the last three years. Certainly the most careful skeptic would allow the justice of regarding this patient as cured. This case, on account of a complete effemination, is the worst case of contrary sexual instinct that has ever been reported cured; at the same time, no case where cure has been reported has been so long under observation.

Case 66, Section III.—One year after the appearance of the German edition of this work, or two and one-half years after the beginning of treatment, I received the following letter from this patient:—

March 1, 1893.

HONORED BARON: A full year has now passed since I ceased your treatment. I am delighted that I can give you a most satisfactory report. I got on so well that I soon forgot what a sad condition I was formerly in, and I no longer thought of giving you a report. Since I left you I have continued intercourse with women unchanged. Gradually I felt increasing assurance, and in the whole period it occurred but once that erection was not so prompt and spontaneous as usual. In this instance I attribute the failure to great fatigue. While, during the first months, I sought women only because I thought I should, now I require no such stimulus; on the contrary, coitus always gives me intense pleasure. In proportion as pleasure increased, the memory-pictures of former times became less distinct. I have often had occasion to come in contact with men whose appearance would formerly have immediately inflamed my passion; now I can be associated with them without feeling the slightest excitement. The following seems to me worthy of special note:—

In May I fell ill with rheumatism, and part of the time here and part of the time at home I was in bed till the end of June. Until my

return to Munich, toward the end of August,—during convalescence,—circumstances denied me all possibility of coitus. During this time I was undoubtedly more excitable than usual; but, notwithstanding this, a meeting with a former friend left me entirely cold sexually, though otherwise I thought much of him. I was, at the same time, as little disturbed by the sight of attractive forms; I remained completely cold-hearted. Briefly, the transformation in my entire manner of feeling is so marked that I formerly should have regarded it as impossible. In the future I hope to be able to give you as good a report. With expressions of constant gratitude, I remain, Respectfully, H.

Since the date of this letter one year and eight months have passed; or, since the beginning of treatment, *four and one-half years.* Some weeks ago (September, 1894) the patient passed through Munich on his wedding-journey and visited me. My expectation that at that critical moment H. would require renewal of treatment was entirely uncalled for. H., on the contrary, seemed to be lastingly cured, and had not had *a single relapse.* Intercourse with his young wife was successful without the help of contrary sexual ideas. He loves his wife dearly, and their sexual relations are perfectly normal. Besides, his outward appearance is that of blooming health and manliness. The patient's brother, who is acquainted with his entire sexual life and who observed his transformation, confirms H.'s statements. I am also justified in regarding this patient as completely cured.

Case 67, Section III.—Soon after the appearance of the German edition of this book (summer of 1892) this patient discontinued treatment, notwithstanding the fact that the improvement obtained justified a favorable prognosis as to cure.

Impelled by unfortunate circumstances of business and finances, in the fall of 1892, the patient carried out the idea he had long entertained, and brought his unfortunate life to an end by shooting.

Case 68, Section III.—The restoration of this patient by suggestive treatment has not been undertaken because business circumstances have not allowed him time for treatment. In December, 1893, he informed me also that he was convinced of the hopelessness of his condition (a belief with which I cannot agree). He states that he has never been successful in the

onanistic act; at the same time he is doubtful about marriage, because of the possibility of tainting descendants. Led by reading Moll's work, he forced himself to entertain heterosexual fancies. In his opinion this led only to neurasthenic troubles. He continues: "In contrast with all this I have the greatest desire to have a family, but I must accustom myself to the inevitable. I repeat what I told you verbally,—that I suffer most from this deprivation, while the contrary sexual feeling *per se* and the necessary abstinence cause me no trouble. Apparently this is due to my moderate sensuality, which is satisfied by the sight and occasional hand-pressure and touch of the party in question. My general condition is good; there is no trace of neurasthenic trouble," etc.

Thus, my conclusions reached in this case in the text are still justified.

Case 69, Section III.—The sexual condition of this patient became perfectly normal through regulated sexual intercourse, as he informed me some years after discharge. To-day he is happily married and the father of several children.

Case 70, Section III.—This patient died, one and a half years after the appearance of the German edition of this work, of tuberculosis; and he never fully recovered, in the interval, from the effects of the influenza mentioned in the text.

Concerning the cases in the text not mentioned here, it has been impossible for me to obtain later information.

Numerous new cases likewise confirm the author in the correctness of the etiological and therapeutic deductions of the text. However, von Krafft-Ebing,[1] though the ninth edition of his work has already appeared in German, has not changed his views, but has sought to strengthen his theory of herditary taint by embryological and anthropological facts. Thus he recalls the original bisexual nature of the human sexual glands with the related sexual organs, and also that the beginning of

[1] Von Krafft-Ebing, "Zur Erklärung der Conträren Sexualempfindung," Jahrbücher für Psychiatrie u. Nervenkrankheiten, Bd. xiii, Heft 1.

development in a mono-sexual sense takes place first at the end of the third month of fœtal life. Too, in accordance with von Krafft-Ebing's hypothesis, the spinal and cerebral centres standing in relation with the sexual organs must also embryonically be possessed of a bisexual nature (?). Half of this embryonic possibility becomes latent; normally the other half, corresponding with the sexual glands which attain development, develops fully. In the male, the residua which indicate the original ontogenetic and phylogenetic bisexual possibility are the Müllerian ducts, the utriculus masculinus (vesicula prostatua); in the female, the paroöphoron as the remains of the original nephritic portion of the Wolffian body and as the analogue of the male epididymis. Under pathological conditions, the author (von Krafft-Ebing) assumes the virtual continued existence of the hypothetical cerebral and spinal centres corresponding with the latter, as a result of imperfect inhibition of them, which may even be of such degree as to allow active exercise of their influence upon the production of the physical and psychical sexual characteristics,—indeed, in infrequent cases, deposing the former from their normal domination, and leading to the development of a sexuality corresponding with the latter centres and out of harmony with the sexual organs.

The correctness of this new and ingenious hypothetical explanation can only be allowed after the existence of rudimentary spinal and cerebral centres has been anatomically demonstrated. However, the psycho-sexual condition of hermaphrodites, which von Krafft-Ebing also seeks to use as a support for this view, speaks much rather for an opposite opinion,—namely, for the great importance of exogenous factors. Laurent,[1] in his latest work, collects all the known cases of hermaphroditism, and, concerning the determining *rôle* of education in the sexual life, expresses himself as follows: "In many cases education is capable of forcing the sexual instinct in a direction opposed to that which should be taken, and of producing thus a kind of sexual inversion." On the whole, however, he regards such cases as degenerates of inferior mental endowment, who much more

[1] Laurent, Les bisexués. Paris, Carré, 1894.

frequently become the victims of vice and prostitution than of love; the majority are, in his opinion, indifferent from a sexual stand-point. The same author designates those men as gynæcomasts whose sexual organs have not attained complete development. As the only bodily attribute of the female, they possess feminine breasts. While in conformity with the anthropological transformation, according to the theory of von Krafft-Ebing, one would be led to assume at least the existence of a partial inversion of the vita sexualis in these cases, Laurent gives a number of detailed observations in which the sexual life was entirely developed in a masculine direction; and the observations of the author (von Schrenck) of bearded women and of men with feminine breasts are in entire accord with those of Laurent. Laurent questioned all gynæcomasts that came under his observation concerning their vita sexualis.

In spite of their emphatic denials, and without any certain proof, Laurent presumed that but two (!) of them had inclinations to sodomy (p. 97). From this the occurrence of an invariable or frequent correspondence of feminine physical characteristics with feminine sexual feelings in the male, and the opposite in the female, must be regarded as in nowise demonstrated. With each single case that speaks in favor of it, similar cases with an opposite psychical condition may be brought in contrast. The determination of this question will depend principally upon the embryological and psychological conception of the sexual instinct.

Meynert,[1] in his clinical lectures (not cited in the text), expresses himself on this point as follows: "There is little sense in assuming an inborn tendency with peculiarity of organization that leads to the idea of a female soul in a male body or a male soul in a female body. Instincts (impulses) are in no sense the result of our brain activity, but merely words. There is a feeling of hunger, but no instinct for food. In the feeling of hunger the child has no notion of the means to still it; it leads to death, or the child is suckled. Then the sucking-reflex acts, and the child experiences the sensation of satisfied hunger with

[1] Klinische Vorlesungen über Psychiatrie. Wien, Braunmüller, 1890.

which the act of sucking is associated, which now becomes a cortical movement, associated with the feeling of hunger, the odor of the nipple, and the taste of the milk. Where, between reflex and cortical movement, lies the third factor—the instinct —a congenital idea? There are tactile sexual sensations arising from the corpora cavernosa, but no inborn instinct in them. The influences which from them develop sexual activity are occasional perceptions, tradition, imitation, but never any congenital ideas, and, therefore, never any congenital anomalies of thought." Meynert was also always able to prove the exciting cause of contrary sexual feeling in his patients.

While Moll,[1] in the second edition of his work, emphasizes still more the theory of hereditary taint of von Krafft-Ebing, and regards our demonstration as weak,—a new *capitatio benevolentiæ* for the numerous homo-sexual individuals,—Eulenburg,[2] in a recent publication, however, declares that in the future, in the judgment of such patients, the exciting and accidental factors and their influence upon development will require more careful investigation than has heretofore been used. He holds it unproven that such factors can alone lead to contrary sexual feeling. On the other hand, in the precocious awakening of the sexual instinct, Eulenburg sees a clear indication of the presence of pronounced contrary sexual instinct. In opposition to this, as has been emphasized in the text, the neuropathic taint present in such persons, which allows the premature awakening of the sexual impulse, but without reference to its object, is to be taken into consideration. In the abnormal neuro-psychical taint, or, better, weakness, which Eulenburg regards as a *conditio sine qua non* in all these patients, also lies the impossibility of correction by means of later opposing perceptions of the sexual life. My explanations, which rest upon the psychological (folk) origin of uranism and upon pathological association, which my opponents allow in fetichism, have not as yet been vitiated by either Eulenburg, Moll, or von Krafft-Ebing. The fact remains unchanged: "Through exogenous

[1] Die conträrie Sexualempfindung. Berlin, Kornfeld, 1893.

[2] "Neuropathia sexualis virorum," Klinisches Handbuch der Harn- und Sexualorgane, Abth. iv, 1893. Leipzig, Vogel.

stimuli and perceptions the content of such sexual imperative feelings, or ideas, are supplied to such tainted persons, and through these a complete sexual transformation may take place."

Eulenburg designates paræsthesia sexualis as parerosia, and correctly concludes, from his premises, that a transformation of the pathological homo-sexual condition to a normal hetero-sexual condition is not artificially possible. My three cured cases (62, 63, 66), observed almost five years continuously, prove exactly the opposite. However, Eulenburg speaks warmly in favor of psychical treatment by suggestion. Appreciation and sympathy with such patients are necessary for the attainment of decided effects. From a number of recent cases the author (von Schrenck) is forced to regard the establishment of regular sexual intercourse as the principal requirement for cure. In cases in which, out of repugnance and whim, such patients did not fulfill this requirement, no deep and lasting success could be attained. The favorable reaction of hetero-sexual relations upon the mind of these patients, even though had at first without marked feeling of pleasure, was very seldom wanting. There are infrequent exceptions, as in persons devoid of lively sexual impulse, or in those that are more than 40 years old. But even in such individuals sometimes the dream-life is lastingly influenced. The dream-pictures accompanying occasional pollutions take their subjects rather from mental associations, strengthened by habit and deepened sensory impressions from the past, than from the weaker (so to speak) and purely theoretical influences of verbal suggestion.

Among the authors that have accepted the etiological explanation set forth in this work, Kräpelin[1] should be mentioned first. He is in accord with the writer in this, that the abnormality in the so-called contrary sexual feeling resting upon hereditary taint depends upon the peculiar impressionability of the prematurely-awakened instinct, which in turn depends upon the degeneracy. Through this the youthful sensibility is lastingly influenced by the first excitation of sensual feeling. In

[1] Psychiatrie, 4te Aufl., Leipzig, 1893, p. 691.

accordance with this, the prognosis in such cases is the more favorable.

Without reference to our etiological explanation, following Meynert and Binet, and published in 1892, Sioli,[1] in 1894, in an article on perverse sexual instinct, expresses the same view. "There is the same weakness of judgment, of association, which we conceive from an anatomico-physiological stand-point, as (1) a deficiency, (2) a weakness, of the association-paths, as the foundation of all cases, which we are accustomed to designate in common as hereditarily degenerate, as predisposed; in all these cases the perverse impulses arise only as a result of the circumstance that with the increase and union of memory-pictures the normal correction, the influence upon thought and action of the subsidiary, inhibitory, and opposing ideas, by means of the association-paths present in normal persons, are wanting, because these paths in these cases are absent." Thus, according to Sioli, arise the abnormal manifestations and acts which have led to the assumption of abnormal instincts, while, in fact, the cases are no more than instances of mental weakness and inability to correct the association of external impressions which determine all acts. As a result of the weakness of psychical association, the bodily sensations enter into consciousness—that is, into general thought and feeling—in a greatly-intensified degree.

The organic sensations arising from the sexual organs, in those patients afflicted with a weakened associative system, early exercise a powerful influence. As a result of these sensations, at first indefinite, arise handling and onanistic manipulations.

Accidental circumstances become associated with the sexual stimulus. Then, as soon as the pathological impulse has become a habit, the individual, as a result of his weakness of association, is incapable of attaining to an understanding of the normal relations with woman. Sioli finally very justly calls attention to the symptom of fallacy of memory, which is likewise explained by the weakness of association,—a symptom that, for the most part, has been insufficiently considered.

[1] "Ueber perverse Sexualempfindung," Zeitschr. für Psychiatrie, 1894, Bd. 1, Heft 5.

Geill[1] takes a middle ground. He fully allows the importance of injurious sexual influences in neuropathic individuals during development. However, according to him, such influences have no significance in congenital contrary sexual instinct. Such individuals exhibit a congenital weakness of the vita sexualis,—indeed, often of the entire feeling.

For the perverse manifestations of the sexual life included by von Krafft-Ebing in the terms *sadism* and *masochism* Eulenburg has adopted the word *algolagny*, suggested by the writer, in his work previously cited. As a reason for this, Eulenburg rightly states that the active commission of painful acts for the purpose of sexual gratification is in no sense characteristic of the stories of the Marquis de Sade, and that the passive *rôle* is as little so of the heroes and heroines of the novels of Sacher-Masoch. Besides (and in this I agree fully with Eulenburg), the acts of sexual cruelty are by no means exhausted by the active and passive *rôles*. In opposition to the terms used by v. Krafft-Ebing, the writer would remark that this manner of sexual gratification is much older than the works of Sade and Masoch, and that it has played an important part in history (*e.g.*, in the Church), especially in ancient history. Moreover, there is an *onanistic algolagny*, which I have lately had opportunity to observe, and under which many cases of auto-flagellation are to be classified; further, a *visual algolagny*, *i.e.*, sexual excitement at the sight of punishment; and a *zoöphilia* and *bestial algolagny*, as soon as the lust for cruelty is related to animals. Where there is merely the intensification of such a scene, the condition could be called *symbolic algolagny*. The violation of corpses, in this sense, when maltreatment of the body was associated with it, would be *necrophilic algolagny*, and it would be differentiated from simple necrophilia in that the latter, as the word signifies, includes only caresses of the body. Further, I have had opportunity to observe cases in which the pain *per se* played the principal *rôle*, without reference to its active or passive nature. Such patients are *algolagnists* in the true sense.

[1] "Die Lehre von der Psychopathia Sexualis und ihre gerichtsärztliche Bedeutung," Ugeskrift for Lägert, R. xxvii, Nr. 27-33.

Moreover, the tyrannical feeling of absolute mastery or of complete subjection, which von Krafft-Ebing regards as characteristic of sadism and masochism, is by no means always combined with algolagny, and therefore it can in no way be used to determine the condition. So much for the strengthening of the term proposed.

On the question of the responsibility of sexual perverts, in Section III of this work the view was expressed that the isolated existence of perverse manifestations of the sexual instinct gave rise in no sense to irresponsibility. This statement, further emphasized in Chapter X, has received new support in the excellent expositions of Sommer[1] concerning criminal psychology and penal laws. According to his view, the proof of the endogenous nature of a certain mental state is not sufficient to establish the existence of mental disease. He extends this thesis especially to the domain of psycho-sexual anomalies. According to Sommer, when it is proven that a person, from endogenous disposition, is perverse,—*e.g.*, when a man is excited (sexually) by another,—he should be punished for a corresponding act when the act falls within those that are punishable. "Human society has the same right," he continues, "to demand control of the endogenous impulse in general that it has to demand it in cases of congenital allo-sexual instinct when it is directed against a child of the opposite sex; or that the impulses to possess the property of others be repressed. Therefore, if these perverts are to be made free from punishment, this is not to be done during the existence of the present laws by declaring them insane, but by changing the laws. The decision of this question is not to be made by psychiatry, but by public opinion, in so far as it may be the expression of the actual moral will of the great majority of the people. As long as the moral ideas of the majority of the people are opposed to homo-sexual acts and the laws give expression to these ideas, the so-called contrary-sexual persons must control their impulses, as the man who, hungry, must control his impulse to possess

[1] "Kriminalpsychologie und Strafgesetzgebung," Deutsch. Medicinalzeitung, Oct. 10, 1894, p. 890 *et seq.*

himself of the property of others. At most, it might be said that the gratification of homo-sexual inclinations was a private matter between two persons, which does not harm society as long as scandal is not excited by it. There seems to be no doubt, however, that among those persons that indulge in homo-sexual acts there are many insane individuals."

According to Sommer, endogenous antisocial impulses (among which those in question are to be reckoned), like endogenous instincts, should not be punished, but they should not be taken as evidence of insanity.

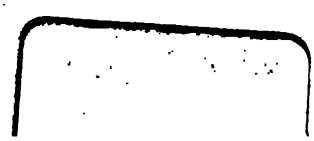
The notes in this appendix in all respects confirm and enlarge the facts published in this work two years ago. The principal task of further investigation must be the publication of additional observations, in order to decide definitely the question of congenital contrary sexuality and other varieties of perverse sexual feeling in their psychological, pathological, and forensic aspects.

LANE MEDICAL LIBRARY

This book should be returned on or before
the date last stamped below.

WITHDRAWN (CStL)

10M-12-65-61831

D611
.532c
1895

WITHDRAWN (CStL)